



6 month report to the Mental Health Commission
1 July 2015 to 31 December 2015

Service Outcome 1: AOD services develop their knowledge, skills and confidence to implement evidence based practice and improve organisational performance

Key Performance Indicator 1.1: Action research based determination of sector needs

Report period - 1 July 2015 to 31 December 2015 - Research undertaken by WANADA in this report period to determine sector needs has included:

Planned for next 6 monthly Report Period

1.1.1 Workforce/Workforce-Development Survey – *initiated by the need to establish a benchmark guide of the workforce and systems support accessed prior to the amalgamation of DAO and the MHCs.*

WANADA completed a report based on a workforce development and planning survey of the WA AOD sector and data received from the Drug and Alcohol Office. The report, entitled *The State of the Sector: Pre-amalgamation evaluation of the WA alcohol and other drug sector* (see attached) has a number of recommendations, including:

1. Planning needs to be informed by changing trends and increasing complexity that is expected to be addressed by alcohol and other drug services.
2. A means of monitoring collective waiting lists and/or times needs to be developed and implemented.
3. The sector data system including: the data collected; and how it is managed, used and supported needs to be reviewed, with improvements made to better meet the data needs of services.
4. A workforce training framework needs to be developed and implemented to ensure coordinated, appropriate training is available to the not-for-profit alcohol and other drug service sector.
5. Workforce planning strategies need to be prioritised to both overcome current workforce trends and support an expanded workforce needed as a result of the developments of the 10 Year Plan.
6. Capacity building training and support needs to be coordinated, developed and delivered to meet the needs of non-government services from other sectors.
7. Resources are needed to implement identified strategies aimed at addressing stigma and discrimination of alcohol and other drug users and family members. This includes the establishment of an alcohol and other drug systems advocacy consumer body.
8. Routine co-occurring mental health and alcohol and other drug service capability assessments (through independent DDCAT and DDCMHT reviews) needs to be resourced. These assessments would inform a comprehensive approach to the sectors' development in delivering services to people with co-occurring issues.

The report (attached) was presented and discussed with Minister Morton and the Mental Health Commission, and will be used to promote a comprehensive workforce development approach that best meets the needs of the WA AOD service sector into the future. To ensure the sector was aware of the outcome of the survey the report was made available on the WANADA website, articles with key findings were disseminated to members, and the WANADA green book blog featured a discussion page on the findings.

WANADA intends to use the survey results to inform WA AOD sector workforce development and planning initiatives.

WANADA will use the benchmarking pre-amalgamation evaluation to compare with future evaluations

<p>1.1.2 Stigma and Discrimination Research (Pre-amalgamation DAO Grant funding) and Consumer Involvement research– <i>in response to the gaps in evidence around the impact of stigma and discrimination for WA consumers, workers and communities.</i></p> <p>The Stigma and Discrimination research reports were used to inform a working action plan, including an estimated budget, for the Social Inclusion Action Research Group (SIARG) – see attached. The action plan was used in a Business Case developed by DAO prior to the amalgamation.</p> <p>Alongside/parallel to the stigma and discrimination research was the DAO led Consumer Involvement research, consultations and report. WANADA was a partner with DAO in this process.</p> <p>Unfortunately, neither of these areas have been progressed since the amalgamation, and yet may be an initiative that is supported through the AOD Advisory Board.</p> <p>In relation to consumer involvement, the Health Consumers Council received a small amount of funding from DAO (just prior to the amalgamation) to make some progress in supporting consumer involvement. WANADA was invited to participate on the Health Consumer Council reference group for this project.</p>	<p>WANADA will continue to lobby for, and contribute to within existing resources, planned approach to addressing stigma and discrimination.</p> <p>Informed by the research and consultations WANADA will continue to advocate for the establishment of an independent systemic AOD consumer advocacy body.</p> <p>WANADA will continue to support the Health Consumers Council achieve some meaningful outcomes from the resources they received for AOD consumer involvement.</p>
<p>1.1.3 Regional Managers Meeting (supported by Department of Health funding) – <i>in response to sector identified need to support improved connections between regional managers.</i></p> <p>As a follow on from the Methamphetamine Forum WANADA facilitated a networking forum for Regional and Remote Managers on Friday 23rd October. Representatives from the various regions across WA including the Kimberley, Goldfields, Pilbara, Midwest, Southwest and Wheatbelt participated in the forum. The forum promoted the opportunity for residential services, community drug services, and sobering up centre managers to network and share learnings across the regions.</p> <p>During the Regional and Remote Managers' forum services from the Goldfields region were able to showcase and share their successful approaches to partnering/collaborating with other services in the region. This collaborative approach is having a positive impact on the community through streamlining referrals and ensuring a culturally secure approach to services in the regions.</p> <p>In response to feedback and input from previous Rural and Remote Managers meetings highlighting a need for information sharing and discussion relating to the funding and resourcing uncertainty, WANADA arranged by invitation a guest speaker from the WA Primary Health Alliance (WAPHA – Country PHN) to speak with the group and share information on the recent changes to commonwealth commissioning (this was prior to the announcement of the National Ice Taskforce report</p>	<p>Continue hosting regional rural and remote managers' forums, identifying key issues to inform WANADA's core activities and direction</p>

<p>recommendations for AOD treatment service commissioning by the Primary Health Networks - PHNs). This presentation assisted in informing the regional services on the contacts of the PHNs in the regions.</p> <p>Continuing quality processes, WANADA conducted an evaluation of the Regional and Remote Managers forum. The strengths of the forum that were identified by the participants included the networking opportunity and information sharing; and the recognition that regional issues are different from metropolitan issues.</p> <p>Additional feedback provided by the Managers related to the Methamphetamine Forum. There was a very positive response in general, with specific feedback recognising the variety and balance of keynote speakers at the forum; the opportunity for differing views and approaches and the big picture perspective that was presented. The comparison of alcohol and methamphetamine harms was also acknowledged as valuable in terms of putting the issue into context.</p>	
<p>1.1.4 Aboriginal Forum (support through MHC grant funding and Lotterywest)– as offered in previous years</p> <p>WANADA has coordinated these bi-annual Forum for several years – however the last forum was in 2012.</p> <p>WANADA is coordinating the 2016 Aboriginal Forum in Partnership with the Aboriginal Alcohol and Drug Service (AADS) and Milliya Rumurra. The forum is being planned for April 2016, to be held at the Rise in Maylands. The forum will also offer an opportunity for a casual dinner event with the presentation of the Strong Spirit Strong Mind awards.</p> <p>It was acknowledged that the funding received from the MHC was significantly less than previous years to run the Aboriginal Forum, and that to enable the Forum to run WANADA would need to source additional supplement funding. In response to this:</p> <ul style="list-style-type: none"> • Additional funding was sourced from Lotterywest – specifically to support travel and accommodation costs to support participation from regional, rural and remote Aboriginal workers • Non-Aboriginal participants will for the first time be charged a registration fee (as agreed by the forum reference group) of \$300 for the two day forum. • Sponsorship will be sought from organisations wishing to have an exhibition space at the forum (as agreed by the forum reference group) of \$1,000 for exhibition stalls. 8 stalls are available. • There may still be opportunities to seek further funding contributions. <p>WANADA is also contributing staff time for the coordination of this event as a demonstration of our commitment to supporting Aboriginal worker networking and information sharing. WANADA believes this is particularly important since the national indigenous conferences (coordinated by ANCD/NIDAC) are no longer offered due to their funding cuts.</p> <p>WANADA has coordinated seven reference group meetings to date, as well as multiple electronic and out of session communications, with the reference group providing guidance on:</p> <ul style="list-style-type: none"> • The date of the 2 day forum (28 and 29 April 2016) • The venue and catering (The Rise, Maylands) 	<p>WANADA will provide a comprehensive report including evaluation and feedback on the forum.</p>

<ul style="list-style-type: none"> • The objective of the forum (This forum aims to strengthen and develop culturally secure approaches to addressing issues concerning Aboriginal alcohol and other drug use, allowing workers to connect, engage and grow with each other and their community) • The title of the forum in order to capture the agreed objective (Connecting, Engaging, Growing) and the design of the forum logo • The program themes (informed significantly from feedback from previous forums and reference group members identified current issues. The key themes include: FASD; Mental health and co-occurring issues; Community engagement; Family engagement and support; Specific issues such as methamphetamines, volatile substance use, family violence) • Key note speakers (selected based on their expertise on the various themes) • Put out a request for abstracts for service presentations • Promoted the event and coordinated registration • Invited nominations for the Strong Spirit Strong Mind Awards (Four identified categories of these awards, include Aboriginal alcohol and other drug worker of the year; Innovative and culturally secure Aboriginal alcohol and other drug program; Partnership award; and Organisation recognition award) 	
<p>1.1.5 Board Planning – <i>initiated by the Board in response to the changing AOD and non-government environment.</i></p> <p>The WANADA Board is primarily made up of representatives from the AOD service sector. Monthly Board meetings enable WANADA to continually review and refine approaches that maintain its relevance to the sector. Specific Board planning events are regularly coordinated to identify sector priorities, and progress strategies and actions identified as priorities.</p>	Regular planning
<p>1.1.6 Consultation/Strategic Sector Forums – <i>in response to sector identified need.</i></p> <p>In this report period WANADA hosted two strategy/consultation forums.</p> <p>The Strategic Alliance Forum (held on 2 October) was to seek sector comment on the configuration of the services in the sector – with consideration of intra sector service diversity, integration and collaboration to support improved effectiveness and efficiency, (outcomes for consumers and impact on the community).</p> <p>This independently facilitated forum coincided with the expression of interest request for the Central Metropolitan CADS, and many in the sector had issues and concerns with both the process and assumptions of the need for a further 'integrated service' as per other metropolitan CADS presented in the request. The sector identified strengths of the current integrated service model as well as opportunities for improvement. The sector also identified the overall qualities needed by a central metropolitan service which may have the potential to provide state wide support to AOD intervention.</p> <p>The summary of the forum was provided to the Acting Assistant Commissioner – Drug, Alcohol and Prevention Services. The sector were supportive of WANADA challenging the model and advocating for open tender processes for the services currently provided by Next Step.</p>	WANADA will continue to host forums relevant to the sector

<p>The data, outcomes and policy Forum (held on 4 November) had presentations from Tom Leeming, Executive Director Community and Human Services Department of Premier and Cabinet; and Professor Paul Flatau, Director of the Centre for Social Impact UWA Business School.</p> <p>Outcomes measurements have become a focus for the community sector in the past 3 to 4 years. The forum provided the AOD sector the opportunity to reflect on the purpose of outcomes measurement; challenges, gaps and improvements needed in measurements and measurement approaches. The forum was interactive, and has generated ongoing conversations on the topic.</p> <p>Both forums received positive feedback from the sector, specifically related to the relevance and timeliness of the forums to inform sector participation on strategic planning.</p>	
<p>1.1.7 Membership Survey – <i>to evaluate WANADA’s relevance to the sector and membership satisfaction</i></p> <p>WANADA conducts a membership survey annually – to inform the 12 month reports.</p>	<p>Questions from previous consultation will be used as standard to build on the previous baseline from which to measure and evaluate change.</p>

Key Performance Indicator 1.2: Number and type of workforce development/capacity building activities undertaken	
Report period - 1 July 2015 to 31 December 2015 - Workforce Development/Capacity Building activities undertaken in this report period include:	Planned for next 6 monthly Report Period
<p>1.2.1 Standard on Culturally Secure Practice (SCSP) and Interpretive Guide – <i>providing promoted direct support as requested, and developments responding to requests for a sustainable electronic user friendly support tool to assist accreditation readiness and review; and growing interest in the Standard from other community sectors and jurisdictions.</i></p> <p>WANADA's support for NGO AOD services to build capacity through service improvement and establishing sustainable systems that support continuous quality improvement has been ongoing throughout this reporting period. This has included providing support at the request of the sector services to become accredited against the Standard on Culturally Secure Practice (SCSP). The SCSP has an Interpretive Guide and self-assessment tool that incorporates the DDCAT elements.</p> <p>The support offered by WANADA during this reporting period has included six site visits, targeted phone and email communication, face to face meetings and presentations to sector services. The outcome of these support activities has seen the member agencies involved develop action plans to progress their organisations systems approach to undertake service improvement activities and work towards achieving accreditation against the SCSP.</p>	<p>The SCSP website will be launched and priority given to supporting organisations through to audit stage.</p>
<p>1.2.2 Childcare Access Project - <i>initiated in 1999 to support consumer access to services.</i></p> <p>In 30 separate instances, WANADA continued to support parents and caregivers of pre-primary aged children by covering the cost of childcare and enabling them to access WANADA member agency services. 8 different childcare centres were accessed by 6 member agencies.</p>	<p>There is a plan in place to review participating childcare providers and increase communication between WANADA and the child care centres to revive engagement in the childcare access project. Continuing active communication with AOD services, childcare and translation services to promote WANADA projects and increase involvement from the sector.</p>
<p>1.2.3 Interpreter Access Project – <i>initiated in 2002 to support consumer access to services.</i></p> <p>WANADA has continued to support consumers from culturally and linguistically diverse backgrounds by covering the cost of interpreting services, when translating services are required for the individual to successfully access alcohol or other drug treatment. During this reporting period 11 interpreter sessions have been supported by the project, and were accessed by 6 member agencies. Out of 6 different languages, Myanmar and Tamil were the most commonly interpreted.</p>	

1.2.4 Looking Forward Program, Supporting Aboriginal Service Access – *in response to an invitation for WANADA to participate as a sector leader and in recognition of the barriers to service access experienced by Aboriginal people.*

WANADA has continued to work with the Telethon Institute for Child Health Research and Nyoongar Elders on the **Looking Forward Project**. In this period WANADA has hosted 3 meetings with Elders to enhance and share understandings around Nyoongar ways of working and exploring ways to reduce barriers to service access.

WANADA co-presented with elders and the Looking Forward Team at the APSAD Conference in November 2015. Feedback from audience members was supportive and positive. WANADA also contributed to an article prepared by the Looking Forward team.

Key learnings from participating in the program is that there is a need to spend time with elders, building mutual trust and respect and building a shared understanding.

The final report for the program was launched in December 2015, with the report incorporating the developed Framework of engagement – ‘Minditj Kaart-Moorditj Kaart’. There were 5 recommendations from this report relevant to WANADA/peak bodies:

Recommendation 1: Through the implementation of the ‘Minditj Kaart-Moorditj Kaart’ Framework, organisations engage and work with Nyoongar Elders to improve service delivery to Nyoongar people. It is our recommendation that key funding and **peak bodies** lead such an initiative to ensure that the changes are effective sector-wide.

Recommendation 3: The Mental Health Commission of WA (the Commission) and independent evaluators also apply the Framework to their own contractual procedures and work with Nyoongar Elders to ensure the cultural security and inclusivity of these procedures. In addition, we recommend the Commission and **peak bodies** promote the use of the ‘Minditj Kaart-Moorditj Kaart’ Framework to all community managed services as a way to evaluate the effectiveness of their service provision to Nyoongar clients and their families, in alignment with these revised contractual guidelines.

Recommendation 5: That **peak bodies** and sector leaders apply the ‘Minditj Kaart-Moorditj Kaart’ Framework to review and implement an inclusive and suitable method for engaging with Elders to identify and implement appropriate governance structures that reflect Nyoongar standpoints.

Recommendation 6: The Commission and **peak bodies** work with Elders to identify and implement strategies to reduce the impact of racism for, and exclusion of, Nyoongar peoples, specifically within organisations tasked with providing services to them.

Recommendation 7: The Commission and **peak bodies** work with Nyoongar Elders to identify and implement strategies that enable service providers to increase their visibility in the community and thus promote greater access to and use of their services. Funding for targeted community relationship building activities should also be made available.

In recognising that building relationships take time, and working out what works in both approach and practice takes time, WANADA will continue to support this program and participate as appropriate

<p>While these recommendations are relate to a specific framework WANADA, in consultation with Nyoongar elders and advisors, will consider ways that it can most effectively support the goals of these recommendations.</p>	
<p>1.2.5 Employee Assistance (EAP – funding supported by participating members) – <i>established in 1998 in response to the need to support the wellbeing of sector workers.</i></p> <p>The review of the EAP services in 2014 helped to ensure the program remains relevant to the needs of the sector (including access to EAP support by regional rural and remote managers and staff).</p> <p>Following the review process, WANADA continued the agreement with the selected service provider. Up to date reporting is accessible through the provider’s online portal and enables WANADA to monitor workplace issues that impact on the sector.</p> <p>During this reporting period we had 23 member agencies taking part in the Employee Access Project, a total of 1195 staff and volunteers were covered under the agreement.</p>	<p>WANADA will continue to provide an umbrella EAP service for member organisations, and monitoring the collective EAP report to inform staff and manager support needs.</p>
<p>1.2.6 AOD and Mental Health Services Directory Coordination (supported by MHC grant funds and Community Sector Services grant funds) - <i>in response to requests from stakeholders for ‘joined-up’ thinking around service directory production and maintenance and in recognition of WANADA’s leadership in creation of the Green Book.</i></p> <p>A print version of the Green Book Joint Service Directory was finalised in September. Planned distribution including mail out, delivery and the availability of pick-up of orders has occurred during this reporting period. To date 2000 copies have been distributed by WANADA.</p> <p>Recipients of the printed version of the Green Book has been diverse across a range of sectors, including both AOD and MH sectors. More broadly the widespread distribution has ranged from WANADA member agencies, health facilities, youth services, police, neighbourhood and telecentres, Medicare Locals/PHNs, individual GP’s and medical clinics, education sector including universities, TAFE, school psychologists, LGA, Research Institutes such as NDRI and McCusker centre, department of corrective services to name a few.</p> <p>WANADA has a process in place for ongoing updates of the electronic/app version of the Green Book, ensuring its reliability.</p> <p>WANADA has shared the data base with a variety of stakeholders for maximum linking across sectors.</p>	<p>Further dissemination and distribution of the Green Book will occur during the next reporting period.</p>
<p>1.2.7 Communication and Information Dissemination – <i>in response to member and wider stakeholder needs for timely, accurate and relevant information.</i></p> <p>The FYI e-newsletter, sent regularly to over 680 individual addresses, reaches a diverse range of sector stakeholders at all levels. FYI is the only newsletter to promote events, information, training and jobs of specific relevance to the WA AOD sector. 13 issues have been published in this period.</p> <p>Member Update e-bulletin is sent to CEOs and service managers at WANADA member agencies to promote events and highlight priority information, including the amalgamation of the Mental Health Commission and the Drug and Alcohol Office, the WA Mental Health and Alcohol and other Drug Services Plan 2015 – 2025 and WANADA’s survey on methamphetamine use by AOD service users. WANADA sent 13 issues of Member Update to 114 recipients in this reporting period.</p>	<p>WANADA will continue reviewing ways to improve communication with WANADA members, the community and other stakeholders.</p> <p>WANADA plans to complete the re-development of our website, which will be</p>

<p>The Green Book Blog explores alcohol and other drug issues and profiles WA services in an easily accessible format. The blog has attracted over 3000 hits this reporting period.</p> <p>WANADA's Twitter profile @WANADAFYI remains active, promoting the sector, and priority issues, widening our stakeholder network and attracting new followers. Each month in this reporting period @WANADAFYI earned over 3500 tweet impressions, peaking at 7,576 impressions in September 2015, in which our top tweet for the period – calling for secure funding for specialist alcohol and other drug services and less stigma - earned 1,283 impressions. @WANADAFYI has over 1100 followers.</p> <p>LinkedIn – WANADA is using LinkedIn to promote career-related opportunities and workforce development in the alcohol and other drug sector. With 90 followers, our profile is building as we explore LinkedIn's potential.</p> <p>Drugspeak is the product of a successful sector partnership that showcases work in the alcohol and other drug field in WA. While regularly contributing to each edition of Drugspeak, WANADA ensures articles represent the diversity of the non-government AOD sector and remains relevant to sector interests. During this reporting period WANADA contributed articles for the August 2015 issue. These specific articles related to:</p> <ul style="list-style-type: none"> • From Research to Practice Methamphetamine Forum • regional student placements, • production of the Green Book Directory in print, <p>WANADA's contribution to the production and dissemination of Drugspeak also includes assisting with editing, proofreading and promotion.</p> <p>WANADA is working with its website developer to finalise the re-development of its website. The current site has been regularly updated to ensure relevant and current information is accessible to AOD services, wider stakeholders and the community. Access to the site remains steady, with 5,267 users contributing to a total of 9,243 sessions and 24,952 page-views. Australian users accounted for over 89% of sessions.</p>	<p>more accessible to people using mobile devices.</p> <p>WANADA will be taking the lead in producing the April 2016 issue of Drugspeak on behalf of the sector.</p> <p>WANADA will work with member agencies and other relevant stakeholders to publish Green Book Blog posts that promote access to alcohol and other drug services and provide information about alcohol and other drug issues within the community.</p> <p>It is intended that WANADA will continue to grow our social media profiles, extending our networks and sphere of influence particularly as we prepare for the Federal and State elections.</p>
<p>1.2.8 Management Program (support through MHC grant funding) - in response to continued requests from organisations for management and leadership training and support, and following the exceptionally positive feedback from the previous programs.</p> <p>After comprehensive consultation, feedback and review, the first delivery of WANADA's Management Development Program (WMDP), was held on 22 & 23 September, 13 & 14 October and 16 November.</p> <p>16 participants from both metropolitan and regional, rural and remote services attended and successfully completed the training. The topic areas covered in the program included:</p> <ul style="list-style-type: none"> • Effective leadership including emotional intelligence and effective communication & engagement 	<p>3 month post-evaluation of the first WMDP held in this report period will be undertaken and analysed. This will contribute to the planning for a second program in to be held April-June 2016</p>

<ul style="list-style-type: none"> • Identifying and working with people and different approaches • Building & leading an effective team, positive workplace culture, coaching as a manager • Dealing with unacceptable behaviour and poor performance, conflict • Managing & influencing change, maintaining organisational well-being during change • Strategic planning and capacity building, managing projects and budgets • Developing & embracing partnerships • Managing my own professional development plan <p>Evaluation of the WMDP occurs at two levels. One is through participant reaction to the program following the delivery of each program cluster and the second evaluation approach is aimed at measuring the amount of change in the behaviour of the participants back in the workplace. This second level of evaluation will occur with participants completing a pre and post program questionnaire. Participants will be asked to complete the post program questionnaire 3 months from the completion of the training. The analysis of this second level of evaluation has not occurred in time for this reporting period as the post program questionnaire will be issued 16 February 2016. The collated information from this level of the evaluation will be available for the next reporting period. Analysis of the first level of evaluation - participant reaction immediately following program delivery has indicated</p> <ul style="list-style-type: none"> • The participants enjoyed the active learning approach of the program including group interaction, role plays and coaching opportunities. • Participants also positively commented on the value of the topics covered identifying content relating to DISC personality types, the development of their leadership skills, I-Grow, and managing change as key to their current roles. • Further feedback indicated the workbooks, venue and flow of the sessions was received favourably by the participants. <p>Planning and promotion of the next series of the WMDP will occur in the next reporting period, with series two being planned for April, May and June 2016.</p>	
<p>1.2.9 Student Placements and Clinical Networking (supported by Department of Health funds) – in response to enhancing career pathways into the sector, meeting specialist skills gaps in the sector and reducing the stigma associated with AOD use.</p> <p>WANADA continues to build collaborative working relationships with the tertiary education sector. The development of these relationships has resulted in further development of student placement opportunities facilitated by WANADA. During this 6 monthly reporting period WANADA successfully facilitated the placement of students to both metropolitan and regional areas in WA. Regionally students successfully completed placement in the Goldfields and Midwest regions.</p> <p>Students studying pharmacology, dietetics, social work, public health, medicine, and exercise and sports science were placed in the AOD sector. Students from the different specialist areas were able to share up to date information and best practice approaches with the member services while at the same time develop their knowledge and skills in the AOD setting.</p>	<p>Consolidation of collaborative relationships with education sector and promotion of WANADA's role in student placements with sector services.</p>

<p>WANADA facilitates a consistent approach to the student placements, supporting students learning through induction, supervision and mentoring and ensuring a sustainable approach to the activities the students initiate during placement. This sustainable approach supports the capacity of the services to better meet the needs of their consumer groups.</p> <p>Following the successful outcomes from the implementation of the pilot graduate program WANADA is in the planning phase of developing and exploring options for internship opportunities across the AOD sector.</p> <p>WANADA participates in the WA Clinical Training Network and also on the ECU School of Exercise and Health Science Course Consultative Committee. Participating in the bi- monthly meetings provided WANADA an opportunity to promote AOD perspectives during curriculum planning and promote future workforce opportunities for students within the allied health fields. WANADA was also invited to contribute as a key Industry stakeholder for the Dietetics School Accreditation Audit. WANADA was able to provide feedback and respond to the auditing panel questions highlighting the benefits of the partnership between WANADA and ECU</p>	
<p>1.2.10 Research to practice Sector Forums – <i>in response to sector identified need, enhancing specialist practice skills based on research evidence.</i></p> <p>WANADA coordinated the WA Methamphetamine Forum: From research to practice (held on 22 October).</p> <p>The forum was facilitated by Professor Ann Roche (Director, NCETA Flinders University) and included guest presentations from A/Professor Nicole Lee (Director, The LeeJenn Group & Associate Professor, NCETA), Professor Amanda Baker (Research Fellow, NHMRC University of Newcastle and Clinical Psychologist), Dr Amanda Stafford (ED Consultant, Royal Perth Hospital), Paul Dessauer (Outreach Coordinator and Peer Educator, WA Substance Users Association), Sandra Harris (Coordinator, Palmerston Association), Superintendent James Migro (Licensing Enforcement Division, WA Police Service). The forum also offered a workshop opportunity to identify achievements, challenges and ways forward in addressing methamphetamine related issues.</p> <p>Over 130 participants attended the forum from a wide variety of alcohol and other drug and mental health related professions, including frontline health (doctors, nurses, and counsellors), community workers, police and policy makers.</p> <p>Following completion of the forum, participants were requested to complete an evaluation questionnaire. The feedback from the forum was extremely positive, specifically receiving comment on the variety of speakers, evidence-based content, and the relevance of the forum to their work environments.</p> <ul style="list-style-type: none"> • 97% of participants indicated that they were satisfied with the services and support provided by WANADA • 95% of participants agreed/ strongly agreed that the forum provided them with information that they could take back to their service/organisations 	<p>WANADA will continue to provide 'research to practice' forums based on identified need within the sector.</p> <p>A series of forums specifically for clinical workers has been planned by WANADA, and will continue so long as there is interest and participation.</p>

Key Performance Indicator 1.3: Evaluation of activities undertaken	
Report period - 1 July 2015 to 31 December 2015 - WANADA routinely evaluates and reflects on opportunities for improvement across its activities. Some of these have been reported in the areas discussed above. Additional evaluations include:	Planned for next 6 monthly Report Period
<p>1.3.1 National Evaluation of State and Territory AOD Peak Bodies (contribution for consultancy fees supported by DoH)</p> <p>WANADA is still drawing on the National Evaluation of AOD Peak Bodies in Building Capacity in the Non-government AOD Sector (as presented in the last report). This evaluation was undertaken by an independent evaluator (David McDonald) and included consultation with WANADA members and other key stakeholders.</p> <p>WANADA co-presented on the outcomes of this evaluation at the 2015 APSAD Conference.</p> <p>There were ten recommendations from the evaluation, including that the state and territory NGO AOD peak bodies maintain capacity building as their primary focus, with the aim of building the capacity of AOD workers, agencies and the sector as a whole to deliver sound, valued client outcomes.</p>	<p>WANADA has and will continue to take on board all of the recommendations proposed, incorporating these into future strategic development.</p>
<p>1.3.2 Re-certification ISO 9001:2008</p> <p>WANADA undertook a further surveillance audit in December 2015 against the ISO 9001: 2008 standards.</p> <p>The surveillance audit report recommended continued certification against the ISO standards. Through the audit a minor administrative observation/opportunity for improvement was identified, of which WANADA immediately reviewed and put in place a system to ensure against in the future.</p> <p>WANADA will continue with its system improvements, and is confident that it can both continue to ensure its systems are efficient, sound and meaningful and maintain ISO certification.</p>	
Key Performance Indicator 1.4: Extent of engagement with relevant services in activities	
Report period - 1 July 2015 to 31 December 2015 -	Planned for next 6 monthly Report Period
<p>1.3.3 Service and Stakeholder Engagement</p> <p>WANADA seeks to engage relevant stakeholders in all its activities. This is evident from the information in the sections above. In addition WANADA has coordinated sector and cross-sector communications, consulted as appropriate with relevant service representatives to inform policy responses or to seek feedback on activities.</p>	

<p>The monthly Board meetings (including member service delegates, Aboriginal and regional representatives) also provides WANADA with an opportunity for receiving feedback and advise on activities. While the Board ensures governance, meetings also provide regular opportunities to discuss sector issues and responses with representatives elected by the broader sector.</p> <p>Attendance to regular stakeholder meetings enables WANADA to remain informed when engaging with service representatives, and supports WANADA's advocacy on behalf of the collective services. Some of the formal, regular stakeholder meetings include:</p> <ul style="list-style-type: none"> • Monthly state and territory AOD peaks teleconferences - provide an opportunity to discuss national issues; contribute to national responses, and compare key priorities and approaches taken. Where appropriate meetings include guests from DoH Canberra or other relevant stakeholders. • Three monthly WA Peaks Forums - enable community sector information exchange and discussions on collective state initiatives. • Monthly meetings with MHC Executive members - provide an opportunity to clarify or present sector issues and concerns • Quarterly meetings with the State Minister - supports WANADA's advocacy activities • Meetings with the National Minister and other key national stakeholders - supports WANADA's advocacy activities 	
Targets	Report period - 1 July 2015 to 31 December 2015 -
Minimum 70% of a representative proportion of relevant services engaged in activities, coordinated or facilitated by WANADA, to support their delivery of evidence based practice.	<p>WANADA consistently achieved this target in activities undertaken in this period, as reported under activities.</p> <p>WANADA secured funding from Lotterywest to support implementation of a new stakeholder management system. This is yet to be finalised. One aim of this is to enable better monitoring, evaluation and reporting of member engagement.</p> <p>WANADA is committed to: routinely evaluating practice to ensure engagement continues to be monitored with a collated % presented in future 12 month reports; and implementing new stakeholder management system.</p>
Feedback from participants in activities indicates improved knowledge of evidence based research, skills and/or ability and confidence to incorporate into service practice. Scoring an average of 3.5 or above on a 5 point rating scale.	<p>Informal feedback gathered from participants at WANADA activities has remained consistently positive across this period.</p> <p>Formal feedback indicates that participants in WANADA activities in this report period have indicated an average score of over 4 (out of 5) in this area.</p> <p>WANADA will undertake a membership survey in the next report period and continue to seek feedback from members throughout the year. Collated feedback will be presented in future 12 month reports.</p>

Service Outcome 2: Enhance the sustainability and viability of the AOD sector	
Key Performance Indicator 2.1: Annual determination of issues related to sustainability and viability and other priority support needs	
Report period - 1 July 2015 to 31 December 2015 -	Planned for next 6 monthly Report Period
<p>2.1.1 Organisation Development Project (supported by Lotterywest grant funds) – in response to the changing not-for-profit funding environment.</p> <p>Following the presentation of the final reports from the consultant engaged WANADA has a plan to progress the recommendations. A few key steps in this process include:</p> <ul style="list-style-type: none"> • Reviewing the WANADA Strategic Plan (a year earlier than it is due to expire) to better incorporate the direction the project has identified • Ensuring WANADA has a sound stakeholder engagement tool in place – as above this is progressing • Following the above a consultant or appropriate staff member would develop and progress the recommendations guided by a WANADA Board sub-committee. 	<p>Maximising the outcome of the consultation report is a priority for WANADA</p>
<p>2.1.2 Collaborating with WA Primary Health Alliance to support Commonwealth Commissioning – in response to the changing AOD funding environment.</p> <p>It is now a number of years that the AOD Peak Bodies have pre-empted an inevitable change of commonwealth commissioning responsibilities through primary health. WANADA progressed the working relationship with the Medicare Locals as best as possible, however provided more significant and targeted support for potential submissions for the PHNs as well as relationship building with the WA Primary Health Alliance once it was announced as the successful bidder for the WA PHNs.</p> <p>The release of the National Ice Taskforce report, and the announcement of the commonwealth commissioning responsibilities through the PHNs saw WANADA being in a sound position to support WAPHA's developments. In meetings in this report period it was agreed that WANADA would coordinate a sector forum for WAPHA to present its role and process; WANADA has contributed to information disseminated by WAPHA; WANADA has made recommendations for WAPHA's AOD sector planning, service needs assessment, and advisory structure.</p>	<p>WANADA will continue to develop and maintain a sound working relationship with WAPHA</p>
Key Performance Indicator 2.2: Number and type of activities undertaken	
Report period - 1 July 2015 to 31 December 2015 -	Planned for next 6 monthly Report Period

<p>2.2.1 Developing strategies for a sustainable sector</p> <p>Every activity that WANADA is involved in has at its core the objective of enhancing the sustainability of the WA AOD service sector. This in turn is to ensure better outcomes for individuals, families and communities impacted by alcohol and other drugs. WANADA's efforts in this regard are informed by staying in touch with key community sector and government initiatives, they are directed by consultation with member services and the broader sector. Formal and informal consultation enables WANADA to best represent and inform the positioning of the sector services.</p> <ul style="list-style-type: none"> • WANADA has represented the interests of the WA AOD sector through a myriad of meetings and correspondence, independently and/or together with other state and territory peaks or other stakeholder partners, with state and commonwealth decision makers, government agencies' executives and with Ministers. • WANADA has provided feedback and comment to a range of policy and planning discussion documents that would impact on the sustainability of the sector (including but not limited to the National Ice Taskforce, the National AOD Strategy, the National Alcohol Strategy, the WA Mental Health, Alcohol and other Drug Services Plan, etc) <p>While there is no longer a national AOD peak body representing the AOD service sector the state and territory peaks work collaboratively to ensure this representation is not void. In addition WANADA has continued to be a director on the now defunded peak body's (ADCA) Board, and has continued to advocate for the re-establishment of a replacement national peak.</p> <p>As an anecdotal estimate in terms of types of activities and quantity (percentage of overall staff input):</p> <ul style="list-style-type: none"> • Consultation and information specifically with the sector – 20% of WANADA activity • Information gathering and representation via meetings, teleconferences, workshops, electronic and one-on-one communications – 60% of WANADA activity • Representation via policy and document responses and submission – 10% WANADA activity <p>The remaining 10% is ensuring WANADA viability, sustainability and governance.</p>	<p>Continue to advocate on behalf of the sector to ensure funding to the sector is maintained, commissioning processes are transparent and sustainability factors are considered as a priority.</p>
<p>Key Performance Indicator 2.3: Evaluation of activities undertaken</p>	
<p>Report period - 1 July 2015 to 31 December 2015</p>	<p>Planned for next 6 monthly Report Period</p>
<p>WANADA routinely evaluates events and other formal activities that it coordinates. Feedback received informs improvement opportunities. Some of these have been reported in the areas discussed above</p> <p>A formal membership survey was conducted in the last reporting period and WANADA intends to repeat this process on an annual basis. As such it will be incorporated in the next report.</p>	<p>Continue to evaluate activities undertaken</p>

Key Performance Indicator 2.4: Extent of engagement with relevant services in activities	
Report period - 1 July 2015 to 31 December 2015 - WANADA seeks to engage relevant services in all its activities. This is evident from the information in the sections above.	
Planned for next 6 monthly Report Period	
<p>As per the last report WANADA has a number of formal agreements with stakeholders, including with: tertiary education institutions; consultants engaged such as the Institute of Healthy Communities Australia, Social Ventures Australia, a range of collective service agencies (childcare services, EAP and interpreter providers), research bodies, training consultants, etc.</p> <p>WANADA also has formal and/or informal agreements with other WA peak bodies, and AOD peak bodies in other states and territories. WANADA believes there is mutually respectful collaborations across the state and national community sector.</p> <p>Member organisations receive regular (at least weekly) communications and information from WANADA, and members and other stakeholders often share information with the sector and stakeholders through WANADA. Through communication and information channels WANADA is able to inform and/or invite participation, feedback and involvement in all of WANADA's activities and other relevant activities that would be beneficial for AOD sector involvement.</p>	
<p>Continue to build and maintain engagement with relevant services</p>	
Targets	Report period - 1 July 2015 to 31 December 2015 -
<p>Minimum 70% of a representative proportion of relevant services engaged in relevant activities, coordinated or facilitated by WANADA, to enhance the sustainability/ viability of the sector.</p>	<p>WANADA consistently achieved this target in activities undertaken in this period.</p> <p>WANADA has secured funding from Lotterywest to support implementation of a new stakeholder management system. One aim of this is to enable better monitoring, evaluation and reporting of member engagement.</p> <p>WANADA is committed to further developing evaluation practice to ensure engagement continues to be monitored with a collated % presented in future 12 month reports. This will be supported by the implementation of a new stakeholder management system.</p>
<p>Report of sector issues maintained with prioritised advocacy and representation undertaken or proposed for 80% of identified issues</p>	<p>Issues raised by the sector have been reported to the WANADA Board at monthly meetings. Issues have been discussed and prioritised by the Board, with activities and initiatives aligned with priorities and WANADA's strategic plan.</p> <p>Relevant issues have been communicated to MHC at Partnership Meetings, or as they have arisen during the period. Current priority issues at the time of writing this report include:</p> <ul style="list-style-type: none"> • Data, outcomes and policy • Workforce development • Sector reform

Service Outcome 3: Emerging trends and issues affecting the AOD sector are monitored and stakeholders (including MHC) are appropriately informed	
Key Performance Indicator 3.1: Number and type of consultations with the sector to determine emerging trends and issues	
Report period - 1 July 2015 to 31 December 2015 -	Planned for next 6 monthly Report Period
<p>3.1.1 Communication Networks</p> <p>WANADA's strong communication networks have ensured informal consultation has taken place with the sector on trends and issues. Feedback is gathered through monthly Board meetings, informal communication with members and through participation in state and national networks.</p> <p>The amalgamation of DAO and MHC has significantly increased the number and diversity of networks, consultations, reference groups etc. that WANADA and member agencies are being asked to participate in. The apparent lack of clarity by stakeholders in what, where and how alcohol and other drug services and issues need to be considered alongside mental health planning is increasing the workload across the sector. WANADA has aimed to maintain a strategic view and participate in systems and sector level networks during this period of change and uncertainty.</p>	<p>Ongoing monitoring of the impact on sector services and advocacy on behalf of the sector for clarity and delineation of the sectors where appropriate.</p>
<p>3.1.2 Board Supported Priorities re Trends and Issues</p> <p>The WANADA Board key priorities for significant sector development include:</p> <ul style="list-style-type: none"> • Workforce Development • Data, Outcomes and Policy • Sector service configuration <p>These areas are discussed at every partnership meeting with the senior executives of the Mental Health Commission and meeting with Minister Morton.</p> <p>In addition identified trend and issue priorities include:</p> <ul style="list-style-type: none"> • Consumer engagement (at the organisation level and at state and national strategy, policy and planning levels) • Stigma and discrimination • Specific population groups (older consumers; consumers of changing drug trends; young people; young Aboriginal people; CaLD; Urban Aboriginal communities; people with co-occurring AOD and MH) • Research translation • Reform/impact reviews (including justice reinvestment as well as state and commonwealth reform impacting on the sector) • Sector positioning (specifically with corporates/philanthropists; emerging funding bodies including the WA Primary Health Alliance) 	<p>Actions on all of these priorities are presented in monthly reports to the WANADA Board and as such is a direct sector action research process.</p>

<ul style="list-style-type: none"> • Supporting regional services' voice and participation • Community sector engagement • Board representativeness and sector focus <p>All of these areas are regularly reported on to the Board, and discussed at Board meetings.</p>	
<p>3.1.3 Consumer Engagement – as an example of activity in the priority areas</p> <p>WANADA supported sector and consumer participation in the Consumer Involvement research and forums in previous report periods, in partnership with DAO and WASUA. In this report period WANADA has worked collaboratively with the Health Consumers Council to progress the recommendations of the forums and research. Health Consumers Council received a small grant from DAO, prior to the amalgamation, for this purpose. For a more comprehensive model on consumer engagement, based on a theoretic base WANADA believes is more appropriate to the AOD sector, WANADA continues to meet with Developmental Disability Council of WA to discuss and refine understanding of possible approaches.</p> <p>WANADA has continued to advocate for the value of improved consumer engagement and the need for an independent alcohol and other drug consumer systems advocacy body.</p>	<p>Further collaborative planning to link any proposed consumer advocacy body with actions to reduce stigma.</p>
<p>Key Performance Indicator 3.2: Number and type of activities that involved informing stakeholders (including policy and planning bodies such as MHC) of emerging trends and issues affecting the AOD sector</p>	
<p>Report period - 1 July 2015 to 31 December 2015 - Briefings and Position Papers informed by consultations that WANADA has led in response to sector and stakeholder requests</p>	<p>Planned for next 6 monthly Report Period</p>
<p>3.2.1 MHC Meetings and Communication – an example of engagement with key stakeholders</p> <p>As above WANADA has regular meetings with a range of policy and planning bodies. As an example: WANADA has monthly partnership meetings with the senior executives of the MHC, however also has monthly less formal meeting with the acting Deputy Commissioner as well as policy coordinator. There is also communications with the MHC research team, workforce development branch, Aboriginal program, Next Step, media, and NGO purchasing and development staff at the MHC. In addition, over 70 MHC staff receive WANADA's e-newsletter FYI. MHC staff are invited, as appropriate, to WANADA events.</p> <p>WANADA has been consulted on and has contributed to strategy and planning processes undertaken by the MHC – both in person and in writing (significantly after consultation with the sector services). WANADA has also presented briefs, reports and research outcomes developed by WANADA on behalf of the sector services.</p> <p>WANADA is able to provide a depth of information, established through meetings with cross sector peaks/sectors (to inform collaboration opportunities and human service considerations) and national peaks (to inform national trends and at times comparisons across jurisdictions).</p> <p>All of these, and more, provide WANADA with the opportunity to inform the MHC of emerging trends and issues.</p>	<p>WANADA will continue to remain engaged as much as possible with key policy and planning bodies.</p>

<p>WANADA also has regular meetings with the Minister for Mental Health, and is represented on the Alcohol and Other Drug Advisory Board which contribute to the direction of the MHC.</p> <p>The willingness of the MHC to engage at multiple levels provides an indication to WANADA of the respect it receives from the MHC.</p> <p>This level of engagement is replicated as appropriate across other government departments, policy and planning bodies, at the state and national level.</p>	
<p>Report period - 1 July 2015 to 31 December 2015 - Consultation that WANADA has participated in, seeking sector feedback as appropriate to inform its representation, include (but is not limited to):</p>	<p>Planned for next 6 monthly Report Period</p>
<p>3.2.1 Participation in consultation</p> <p>WANADA represents the WA AOD sector at a wide range of state and federal committees. WANADA's participation ensures the WA sector remains well informed of relevant issues and that decisions are informed by WANADA's knowledge and understanding of AOD issues in WA.</p> <p>Some of the consultations that WANADA participated in this report period include:</p> <ul style="list-style-type: none"> • National Peak Body Developments – The state and territory AOD peaks have been seeking support for a re-establishment of a national AOD peak body since ADCA was defunded in November 2013. The defunding of ADCA has resulted in advocacy and representation gaps. Without a national AOD peak commonwealth consultation on AOD sector issues has been with the state and territory peaks. • IGCD National Drug Strategy Review - WANADA has participated in IGCD consultations reviewing the National Drug Strategy and the National Alcohol Strategy. On behalf of the network of state and territory AOD peaks WANADA prepared a submission to the draft National Drug Strategy and National Alcohol Strategy. • Collaboration between AOD Peaks and the National Research Centres - An agreement between the AOD peaks and the national research centres has progressed to ensure and support improved collaboration, and a stronger link between research and practice. WANADA has been consulted on research directions by the three national research bodies – NDARC, NDRI and NCETA. • Mental Health Network – While a registered member of the Mental Health Network WANADA has not been further consulted in this report period, although has been consulted on the AOD sub-network development. • Central Metropolitan Services Review – WANADA was consulted on the process, and participated in the sector consultation on the development of central metropolitan services. • WACSUMH Executive and Working Group – This working group no longer runs, however WANADA has been involved since its inception as the JSDU steering group in 2002, which evolved into the State Strategic Dual 	<p>WANADA will continue to engage in consultation and representation at State and Federal levels</p>

<p>Diagnosis Planning Group, and then further into WACSUMH. WANADA continued to be represented at this meeting until it was dissolved.</p> <ul style="list-style-type: none"> • Development of Primary Health Network Alliance – WANADA was consulted on the development of a submission by the WA Primary Health Alliance, committing to participating on an advisory body if the alliance was to be supported with Commonwealth funding – which it since has been. Ongoing consultations on the governance structure and role of the advisory body have and will continue. WANADA has for example been consulted on the Commonwealth commissioning process and guidelines. • State and Federal government “Ice Taskforce” developments – WANADA has been invited and has participated in a number of consultations by state and federal governments (including relevant ministers, shadow ministers and senators) to discuss alcohol and other drug policy development including government responses to National “Ice” Taskforce. • APSAD Conference Committee – WANADA was on the conference advisory committee for the November 2015 APSAD conference in Perth. • Colocation with the new Mental Health Commission – WANADA was asked to collocate with the new Mental Health Commission. This has involved considerable consultation and participation in a range of meetings. • Alcohol and other Drug Advisory Board – The WANADA CEO was appointed a member of the Advisory Board. • WA Cancer Council – WANADA has been consulted on, and participating on working groups to inform the Cancer Council’s ‘make smoking history – community sector engagement’ campaign. This campaign focuses on supporting staff to in turn support community sector service consumers stop smoking. WANADA has provided endorsement and has and will continue to identify sector capacity building initiatives. 	
<p>Report period - 1 July 2015 to 31 December 2015 - Follow-up with consultation/research that WANADA has participated in from previous report period includes:</p>	<p>Planned for next 6 monthly Report Period</p>
<ul style="list-style-type: none"> • Stigma and Discrimination research – Development and actions to this WANADA coordinated research have not progressed since the amalgamation of DAO and the MHC. As it requires government endorsement and support WANADA has focused on raising awareness of the need to progress relevant, research informed activities. • Consumer Involvement - Development and actions to this DAO, WANADA and WASUA coordinated research have minimally progressed since the amalgamation of DAO and the MHC. As it requires government endorsement and support WANADA has focused on advocating for the establishment of a systems advocacy AOD consumer body. 	

<ul style="list-style-type: none"> • Social Enterprise (Organisation Development) Research – A business plan for progressing this research will be worked on in the next report period. The research was focused on enhancing the sustainability of WANADA and the WA AOD sector. • Drug Policy Modelling Program (DPMP) AOD Sector Review – This report has now been released and will be used to inform WANADA’s advocacy related to the development/reform of the AOD sector in WA. • National Centre for Education and Training on Addictions (NCETA) Workforce Development Strategy – This strategy has now been released, and will inform WANADA’s advocacy related to workforce development. • Alcohol Treatment Centre Research, University of Newcastle - WANADA has been invited to participate as a member of the Measure Development and Data Collection Working Group, which is seeking assistance in the development of the survey instrument to be used in the Alcohol Treatment Centre Study by providing critical advice and feedback about items to be included. Sector services from all states and territories will be invited to participate in the survey assessing effectiveness. 	
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Targets	Report period - 1 July 2015 to 31 December 2015 -
<p>Feedback from key stakeholders, including MHC, indicates WANADA has appropriately represented sector identified trends and issues.</p> <p>Scoring an average of 3.5 or above on a 5 point rating scale.</p>	<p>Informal feedback gathered from key stakeholders indicates that WANADA’s representation of the WA AOD sector has been sound, appreciated and respected. Continued requests for participation is an outcome that demonstrates this view.</p> <p>A formal feedback survey will be undertaken annually – enabling WANADA to report a rating scale in the next report period.</p>
<p>Minimum 70% of a representative proportion of services and stakeholders engaged in information exchange with WANADA about trends and issues.</p>	<p>WANADA consistently achieved this target in activities undertaken in this period.</p> <p>As indicated above, WANADA has secured funding from Lotterywest to support implementation of a new stakeholder management system. One aim of this is to enable better monitoring, evaluation and reporting of member engagement.</p> <p>WANADA is committed to further developing evaluation practice to ensure engagement continues to be monitored with a collated % presented in future 12 month reports. This will be supported by the implementation of a new stakeholder management system.</p>

<p>Report of trends and issues affecting the AOD sector maintained, with prioritised advocacy and representation undertaken or proposed for 80% of identified issues.</p>	<p>As reported above, issues raised by the sector have been reported to the WANADA Board at monthly meetings. Issues have been discussed and prioritised by the Board, with all activities and initiatives aligned with priorities and WANADA's strategic plan. Issues and concerns have also been taken to the monthly MHC/WANADA partnership meetings, etc.</p>
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Service Outcome 4: AOD sector is satisfied with the service they receive from the sector support service		
Key Performance Indicator 4.1: Extent to which the sector report satisfaction with services provided and engagement in activities		
Report period - 1 July 2015 to 31 December 2015 -		Planned for next 6 monthly Report Period
<p>The sector consistently reports satisfaction with WANADA and the services it provides.</p> <p>No complaints have been received in this period.</p> <p>Compliments from this reporting period, recorded in the compliment register, include praise for WANADA sector forums, Communications and information dissemination generally, the Green Book Directory and blog, the supportive environment offered to students on placement, and WANADA's responses to policy and discussion documents representing the sector.</p>		<p>WANADA's member survey will be undertaken in the next reporting period.</p>
Targets	Report period - 1 July 2015 to 31 December 2015 -	
Annual feedback from AOD service providers indicates satisfaction with services provided by WANADA. Scoring an average of 3.5 or above on a 5 point rating scale.	WANADA's member survey will be undertaken in the next reporting period	
70% of the opportunities for improvement to enhance satisfaction and engagement, as identified in the annual survey, are undertaken or proposed.	WANADA's member survey will be undertaken in the next reporting period	