

## Witness Statement

**Name:** Dian Edwards

**Occupation:** Service Manager, Namatjira Haven

1. This statement sets out the evidence that I am prepared to give to the Special Commission of Inquiry into Healthcare Funding as a witness.
2. This statement is true to the best of my knowledge and belief.

### A. Professional background and current role

3. I have worked at Namatjira Haven for around 25 years, in various roles including living skills to finance.
4. In 2008, I commenced in my current role as Service Manager at Namatjira Haven.
5. As Service Manager, I manage staffing, finances, grant submissions, reporting requirements and program development.

### B. Namatjira Haven

6. Namatjira Haven is an independent Aboriginal Community Controlled Organisation. Since 1979, Namatjira Haven has been operating a Drug and Alcohol Healing Centre for Aboriginal men aged 18 years and over. Through the Gulgiwhen Program, Namatjira Haven provides culturally focused education and support to address participants' underlying issues that lead to substance use disorders and related harms such as criminality, and to improve health and wellbeing.
7. The Gulgiwhen Program is a residential program to break the cycle of substance use disorders where residents have the opportunity to address emergency needs such as health and family issues and behaviours such as mental health disorders and contact with the justice system and trauma. The program involves group work and one on one counselling and therapies and education to achieve positive changes in health and relationships. It is strengths based and culturally significant in ways of learning and connecting and taking responsibility.

8. Participants in the Gulgiwhen Program are accommodated on site at Namatjira Haven's Alstonville premises.
9. The Gulgiwhen Program does not have a set duration. Participants can decide how much time they need to attend. Namatjira Haven recommends a minimum stay of eight weeks. Most participants stay for around three months, with some staying for up to nine months.
10. Gulgiwhen Program participants can be either self-referred or referred by a treating medical practitioner or other community services.
11. At present, Namatjira Haven has capacity for 14 residents.
12. Namatjira Haven has assisted over 2,000 participants since 1979.

**C. Eligibility criteria for the Gulgiwhen Program**

13. To be accepted as suitable for admission to the Gulgiwhen Program at Namatjira Haven, an applicant must:
  - a. be an Aboriginal male aged 18 years or over;
  - b. have a current drug and alcohol problem or dependency;
  - c. have no requirement to attend court during their residency;
  - d. have a desire and willingness to make change.
14. An applicant will not be accepted if they:
  - a. are in custody on remand or on appeal;
  - b. are subject to any type of electronic monitoring;
  - c. have current or recent sexual offence charges or are on the Register of Sex Offenders (however, historical sexual offence charges or convictions are assessed on a case-by-case basis);
  - d. have current or recent charges for significant violent crimes (again, historical charges or convictions of major violence are assessed on a case-by-case basis);

- e. are subject to an Apprehended Domestic Violence Order or an Apprehended Personal Violence Order where there are strict no contact orders in place or a serious assault has occurred where the protected person is living in the local area;
- f. are under the care of the Public Guardian or a Trustee, or have high needs physically (self-care and mobility) or intellectually;
- g. are on an Opiate Treatment Program such as prescribed methadone or buprenorphine;
- h. are on anti-psychotic medications or opiate medications (medications that are anti-psychotic but only for temporary reasons are assessed on a case by case basis);
- i. do not consent to Namatjira Haven collecting, using and sharing personal information where needed to assess the application.

15. Referrals where applicants have ongoing criminal matters must be voluntary and referred via the Magistrates Early Referral into Treatment Program (**MERIT Program**) and Circle Sentencing.

16. Applications for persons mandated into treatment will not be accepted unless diverted through the MERIT Program or the Transitional Supported Accommodation Program (**TSA Program**).

#### **D. Staff at Namatjira Haven**

17. There are seven full time equivalent (FTE) case workers and support workers who, between them, staff Namatjira Haven at all times.

18. In addition, there are four FTE staff members who work as manager, project officer, and across finance, reception, living skills.

#### **E. Funding arrangements for Namatjira Haven**

19. Namatjira Haven is primarily funded by:

- a. the Commonwealth, via:

- i. the Department of Health and Aged Care (**DOHAC**), which provides funding under the National Treatment Activities Program to deliver interventions to individuals requiring drug and alcohol treatment and support;
- ii. Healthy North Coast Primary Health Network (**PHN**), which provides funding under the Alcohol and Other Drugs Programs to enable Namatjira Haven to offer withdrawal (detoxification) services and support residents with more complex mental health needs (dual diagnosis); and
- iii. the National Indigenous Australians Agency, which provides funding under the Indigenous Advancement Strategy's Community Safety and Wellbeing and Indigenous Employment Streams.

b. The NSW government, via:

- i. NSW Ministry of Health, managed by Northern NSW Local Health District (**NNSWLHD**), which funds two beds for residents diverted to Namatjira Haven through the MERIT Program; and
- ii. Corrective Service NSW, which funds two beds for residents diverted to Namatjira Haven through the TSA Program.

20. Some additional funding is received through philanthropic donations and resident contribution for lodgings.

## **F. Funding and operational challenges for Namatjira Haven**

### *Insufficient funding*

21. Namatjira Haven does not receive adequate funding to meet the demand for its services.

22. Some examples of the practical implications of insufficient funding are:

- a. The waitlist for a bed in the Gulgiwhen Program depends on the complexity of the applicant's case, including whether they require hospital withdrawal services. The wait for hospital withdrawal services is currently four weeks. For applicants who are able to detoxify on site at Namatjira Haven, the usual wait time for a bed is one

week. In the time they have to wait for a bed to become available, prospective participants often disengage and therefore lose the opportunity to access our services. This is generally due to the severe shortage of Aboriginal drug and alcohol staff in the community. The length of the waitlist at Namatjira Haven is due to us not having sufficient funds to employ appropriate clinical staff to manage complex on site withdrawals, and due to the hospital detoxification services offered in the area being insufficient to meet the community needs.

- b. To detoxify a user off benzodiazepines or opiates or a long term alcohol drinker with other complications is a complex undertaking which requires the clinical skills of a nurse practitioner across seven days and nights. Namatjira Haven cannot afford to employ a nurse to provide these services, and as such we cannot admit these kinds of users into the Gulgiwhen Program.
  - c. Loss of clinical staff has occurred over the years as Aboriginal staff are offered higher salaries in government roles and new programs such as NDIS and Flood Recovery. Many years of no funding indexation (which only commenced in 2023) and high information technology costs has forced us to reduce staff numbers to pay high salaries. The effects are still being felt as we are not able to hire the staff required for more complex clients. At present, we are short two FTE clinical staff down and a support night worker role.
23. More funding would potentially be available to Namatjira Haven if we were able to afford and had the staff numbers to comply with the requisite accreditations. For example, the funding which became available through the NSW Ministry of Health following the Special Commission of Inquiry into the Drug 'Ice' was not available to Namatjira Haven, because we could not afford the required accreditation and the staff that would be required for administration and compliance rather than directly servicing clients.

### *Short term funding*

24. A significant portion of Namatjira Haven's funding comes through short funding cycles of one or two years. It is difficult to keep track of the grants available and the changing eligibility criteria. It also difficult to plan services when short term funding is not extended until after the new financial year has already commenced, or where there is an upcoming election and the new government may seek to take a different approach.
25. Short term funding negatively impacts our ability to recruit clinical staff. Temporary positions, the duration of which correspond with the length of certain funding, tend to be a less attractive opportunity for health practitioners looking for stable employment.

### *Reporting requirements*

26. The reporting requirements for many funding sources are excessively onerous. Each funding source requires different reports and KPIs to be completed at different times. Reports are often required very shortly after a funding period ends, which does not allow for data to be collected and thoroughly analysed. These compressed timeframes greatly impact the ability of staff responsible for reporting to take leave.
27. The onerous reporting requirements mean that Namatjira Haven staff spend an excessive amount of time evidencing their work, leaving them with less time to spend directly engaged with our participants.

### *Interplay of substance use and mental illnesses*

28. Gulgiwhen Program participants often present with both substance use issues and mental illnesses. This interplay presents a significant operational challenge for Namatjira Haven. We often struggle supporting men with mental ill health and neurodiversity as we do not have specialised staff in this area and men who are a challenge behaviourally take up a vast amount of staff time and resources, often resulting in other clients having less support than they require.

29. In 2023, Namatjira Haven and NNSWLHD undertook a pilot program whereby NNSWLHD committed to send mental health practitioners to Namatjira Haven to administer depot injections of antipsychotic medication to a resident who required them.
30. Ultimately, the pilot program was not effective. The resident was taken off site for their depot injections by a support service. This disrupted the resident's participation in the Gulgiwhen Program. Because there were no Namatjira Haven staff present when the injections were administered, details about changes to the depot injections being administered were not communicated effectively. There was an increased burden on Namatjira Haven staff to manage the resident's condition after their injections.
31. Namatjira Haven and NNSWLHD are currently drafting a Memorandum of Understanding (**MOU**) which is directed to Gulgiwhen Program participants who require buprenorphine depot injections. Under the MOU, Namatjira Haven and NNSWLHD will be required to work together to enable depot injections to be administered on site at Namatjira Haven after being dispensed at a local pharmacy. The clients will have telehealth appointments with NNSWLHD where the depot injection script will be provided and a general check up and assessment undertaken. Namatjira Haven's nurse will receive training from, and have ongoing contact with, NNSWLHD to ensure communication and compliance with clinical governance arrangements.

**G. Proposed recommendations**

32. To improve the quality and efficiency of the services provided by Namatjira Haven, I would propose the following recommendations:
  - a. NSW Health and DOHAC should collaborate, through Healthy North Coast PHN and NNSWLHD, to streamline the reporting requirements for the funding they provide.
  - b. NSW Health should consider supplementing the funding it currently provides, by funding, in addition to the two MERIT beds, additional staff for more complex

participants. This would enable Namatjira Haven to offer timely services which meet the current demands and complexity of clients being referred by the LHD.

- c. Control of grant funding and funding contracts for services like Namatjira Haven currently lies with the NSW Ministry of Health. However, it should be returned to NNSWLHD, which is in a better position to understand local needs and service requirements.
- d. A traineeship program, supported by NNSWLHD, would assist Namatjira Haven in bringing in the additional staff it requires, from the disciplines it requires such as nursing, mental health professionals, and drug and alcohol clinicians. A successful traineeship program would require:
  - i. A 'hands-on' approach, to enable trainees to feel ownership for their work and to develop their clinical skills;
  - ii. The ability to acquire formal qualifications through completing the traineeship, which could then lead to future professional development opportunities;
  - iii. A retention pathway for trainees who would like to continue work at Namatjira Haven; and
  - iv. Support from NNSWLHD to find appropriate housing for trainees, giving the critical housing shortages in the area.

**Signature:**



**Name:** Dian Edwards

**Date:** 3 October 2024