

A black and white photograph of a rocky landscape. In the foreground, several large, rounded boulders are scattered across the ground. A tree with a thick, gnarled trunk and a dense, rounded canopy of leaves grows from a crack in the rocks in the middle ground. The background shows more rocks and a clear sky. The overall tone is somber and naturalistic.

# Indigenous drug and alcohol projects

elements of  
best practice

# Indigenous drug and alcohol projects

elements of  
best practice

Phillipa Strempel  
Sherry Siggers  
Dennis Gray  
Anna Stearne

National Drug Research Institute  
Curtin University of Technology

A report prepared for the  
Australian National Council on Drugs, 2003

© Australian National Council on Drugs 2004

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without the written permission of the publisher.

Published by the Australian National Council on Drugs  
PO Box 1552, Canberra ACT 2601  
Telephone: 02 6279 1650  
Fax: 02 6279 1610  
Email: [ancd@ancd.org.au](mailto:ancd@ancd.org.au)  
Website: [www.ancd.org.au](http://www.ancd.org.au)

National Library of Australia Cataloguing-in-Publication data

Indigenous drug and alcohol projects: elements of best practice.

Bibliography.

ISBN 1 877018 09 0.

1. Aboriginal Australians – Drug use. 2. Aboriginal Australians – Alcohol use.
3. Aboriginal Australians – Health and hygiene. 4. Aboriginal Australians – Services for.
5. Drug abuse – Australia – Prevention. 6. Alcoholism – Australia – Prevention.
1. Strempel, Phillipa. II. Australian National Council on Drugs. (Series: ANCD research paper; no. 8).

362.29170994

Editor: Julie Stokes  
Design: Starkis Design  
Printer: New Millennium Print

Acknowledgement:

This work has been supported by funding from the Australian Government Department of Health and Ageing.

The opinions expressed in this publication are those of the authors and are not necessarily those of the ANCD or the Australian Government.

# Contents

Acknowledgements . . . . . iv

Abbreviations . . . . . v

Executive summary . . . . . vi

1 Introduction . . . . . 1

2 Tangentyere Council Night Patrol . . . . . 6

3 Aboriginal Drug and Alcohol Council (SA) Inc. . . . . 21

4 WuChopperen Health Service Ltd: Drugs, Alcohol and Other Substances program . . 35

5 Milliya Rumurra Alcohol and Drug Rehabilitation Centre . . . . . 43

6 Council for Aboriginal Alcohol Program Services Inc. . . . . 56

7 Indigenous substance misuse services – towards better practice . . . . . 74

8 References . . . . . 81

## Acknowledgements

First and foremost, we acknowledge the members of the Indigenous community-controlled organisations that agreed to participate in this project, who gave freely of their time. We would also like to thank those members for supplying us with photographs of staff and clients and granting permission for them to be published. However, to ensure anonymity, we have blurred the facial features of some individuals who appear in the photographs. Funding for the project was provided by the Australian National Council on Drugs. The National Drug Research Institute is funded by the Australian Government Department of Health and Ageing.

## Abbreviations

AA	Alcoholics Anonymous
ADAC	Aboriginal Drug and Alcohol Council (SA) Inc.
APSAD	Australian Professional Society on Alcohol and Other Drugs
ASG	Aboriginal Sobriety Group
ATSIC	Aboriginal and Torres Strait Islander Commission
CAAPS	Council for Aboriginal Alcohol Program Services Inc.
CDEP	Community Development Employment Program
CIAG	Cairns Inhalant Action Group
DAOS	Drugs, Alcohol and Other Substances program
DASA	Drug and Alcohol Services Association
DASC	Drug and Alcohol Services Council
FORWAARD	Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties
HACC	New South Wales Home and Community Care
HCS	Northern Territory Department of Health and Community Services
IDU	injecting drug use
NCETA	National Centre for Education and Training on Addiction
NDRI	National Drug Research Institute, Curtin University of Technology
NISMC	National Indigenous Substance Misuse Council
OATSIH	Office for Aboriginal and Torres Strait Islander Health
QA	quality assurance
SAAP	Supported Accommodation Assistance Program
WADASO	Western Australian Drug Abuse Strategy Office

# Executive summary

- In 2002, the National Drug Research Institute (NDRI) produced a report entitled *Indigenous Drug and Alcohol Projects 1999–2000*, which was published by the Australian National Council on Drugs. The report mapped the location of projects directly targeting the misuse of alcohol and other drugs among Indigenous Australians. A total of 277 intervention projects conducted by or for Indigenous Australians was identified. The majority of those projects (226 or 81.6 per cent) were conducted by 177 Indigenous Australian community-controlled organisations.<sup>1</sup>
- *Indigenous Drug and Alcohol Projects: Elements of Best Practice* is the second phase of that project. NDRI was asked to document – as case studies – five projects from those identified in Phase 1 as exemplifying best practice in Indigenous substance misuse interventions, which could be used as suitable models for the development of similar projects by other Indigenous communities.
- Drawing on a careful review of the documentary and telephone-interview data obtained during Phase 1 from service organisation personnel, representatives from funding agencies and other researchers, the available literature and our own knowledge of Indigenous alcohol and other drug projects, we developed an initial list of 25 projects for potential inclusion. The list comprised five projects drawn from each of the categories used to classify projects in the first report: acute intervention; prevention; non-residential treatment; residential treatment; and multi-service.
- A set of criteria was then developed to enable the assessment of the extent to which these projects exemplified best practice in the delivery of alcohol and other drug intervention services to Indigenous Australians. These criteria included: accountability to the Indigenous community; objectives that addressed community needs; adequate funding; trained staff and staff development programs; and clearly defined management structures.
- We then sought tangible evidence for the criteria from each project. This evidence was found in some or all of the following: receipt of service awards; favourable published evaluation reports; favourable journal or magazine articles; and written identification by key stakeholders in Phase 1. In addition, each of the projects was assessed by NDRI researchers according to its level of innovation, adaptability, sustainability, efficiency and accessibility.
- From the list of 25 projects, we narrowed the selection to a short-list of 14: three projects in each category of acute intervention, prevention, non-residential treatment and residential treatment, and two projects in the multi-service category. These projects represented a broad geographical spread and included 13 Indigenous community-controlled projects and one government project.
- We gave preliminary rankings to the projects in each category before submitting comprehensive data on all the projects to an independent panel of five experts in the field of Indigenous substance misuse. Each of the panel members independently reviewed the list, firstly to identify whether there were other projects that might be better included in the short-list, and secondly to review our rankings.

- Ultimately, the panel confirmed our rankings, which were as follows: Tangentyere Council Night Patrol in Alice Springs (acute intervention); the Council for Aboriginal Alcohol Program Services in Darwin (multi-service); the Aboriginal Drug and Alcohol Council of South Australia (prevention); WuChopperen Health Service's Drugs, Alcohol and Other Substances program in Cairns (non-residential treatment); and Ngwala Willumbong's Winja Ulupna Women's Rehabilitation Centre in Victoria (residential treatment). Subsequently, Ngwala Willumbong informed us that it was not in a position to participate further in the project and so the second-ranked project in the residential treatment category, Milliya Rumurra Alcohol and Drug Rehabilitation Centre in Broome, was selected in its place.
- We undertook site visits to each of the selected organisations to conduct interviews with staff, management, board members, clients and key stakeholders, and to observe the day-to-day running of the projects. Additional documentary information was also gathered. On completion of the site visits, members of the research team prepared case studies which focused on the factors that led to the projects being selected as exemplifying best practice.
- Tangentyere Council Night Patrol was found to be a sustained, long-running project which is popular with the community and boasts professional service delivery and proven funding security. It is also part of a culturally-appropriate, multi-service program which makes excellent use of collaboration with other local agencies, particularly the police service.
- The Aboriginal Drug and Alcohol Council (SA) Inc. (ADAC) prides itself on a high public profile built and maintained by strong representation on State and national bodies and good collaboration with other agencies. Other areas of strength include its emphasis on self-improvement, social accountability and staff development.
- WuChopperen Health Service Ltd's Drugs, Alcohol and Other Substances program possesses three outstanding qualities that make it a worthy example of best practice in substance misuse intervention. These are: dedicated and experienced staff; strong leadership; and the rigorous reporting that is required of all staff and management.
- Milliya Rumurra Alcohol and Drug Rehabilitation Centre's strengths are found in its longevity of service and its willingness to be flexible in its approach to dealing with substance dependence. It has excellent collaboration with local agencies and is supported on a day-to-day basis by a team of qualified staff and a committed council.
- The Council for Aboriginal Alcohol Program Services Inc. (CAAPS) is unparalleled in its commitment to staff training and support. It is an organisation that, through security of funding, provides ongoing treatment and training programs with a strong focus on traditional Aboriginal culture and values. It also continues to strive for self-improvement, and is backed by good governance.



- The primary aim of this study was to identify and promote programs that could be suitable models for other communities to develop and implement. We have achieved this by identifying the attributes and strategies that make five of Australia's most successful Indigenous alcohol and other drug projects outstanding in their field. However, we also recognise that labelling a project or organisation as 'best practice' is of limited value because of the diverse histories, cultures and situations of Indigenous communities, and the fact that organisations rarely perform equally well across all areas of activity.
- With that in mind, we have striven to highlight the particular elements that contribute towards best practice, rather than uphold these projects as perfect entities. Nevertheless, we discovered that, above all else, the elements common to each of the five projects are: clearly defined and effective management structures and procedures; trained staff and ongoing staff development programs; good multi-strategy and collaborative approaches; strong leadership; and adequate and continuing funding.
- The ways in which these elements are expressed within each organisation differ somewhat because of the specific combination of factors that have led to the formation of each service. While it is possible to identify key themes in the success of any service, it is also important to acknowledge the unique history and context of particular services. These histories become embedded in the memories and stories of local people and provide valuable reminders of the struggles involved in creating services of which the community can be proud.
- All of the projects considered in this report are run by organisations that have sound structures of management and governance. These structures are instrumental in guiding the organisations and maintaining high levels of professionalism and accountability. The structures may differ from organisation to organisation – for example, WuChopperen Health Service has a rigorous system of reporting to superiors while ADAC has a fairly informal management hierarchy – yet the structures work effectively because they have evolved according to the history and dynamics of each organisation.
- The ability to attract and maintain quality staff is another feature of the organisations that operate these projects. While Tangentyere Council employs only Indigenous people as patrollers (as is entirely appropriate in that context), each of the other organisations seeks to hire Indigenous staff wherever possible, but recognises that skilled and qualified staff – Aboriginal or non-Aboriginal – are important to a successful project. Additionally, all these organisations strongly encourage and support staff education and training – as evidenced, for example, in an award won by CAAPS.
- Good collaboration with other agencies has helped these organisations grow and stay strong. Collaboration comes in the form of formal memoranda of understanding and informal agreements, both of which work to give the organisations legitimacy and recognition in the wider community. On a larger scale, how an organisation promotes and represents itself is also a factor that contributes to success. The best example of this is ADAC, which has representation on 16 State and 12 national substance misuse committees, councils and working groups.

- Common to all of these projects and organisations is the presence of a committed and skilful manager or leader. Good staff, a strong board of directors and a solid network of partnerships cannot be sustained without the support of someone who is prepared to play a leading role in furthering a vision for what needs to be achieved, and who can maintain the enthusiasm of a core group in order to implement the vision. This is particularly evident at Milliya Rumurra, where the coordinator has won respect for himself and the rehabilitation centre by working hands-on to overhaul virtually every part of the service.
- Finally, the importance of adequate and continuing funding is recognised by these organisations, which – with the exception of WuChopperen Health Service – have been successful in establishing funding security for their projects and services. This has been achieved by demonstrating above-average financial management and accountability, and maintaining good relationships with funding agencies. Two organisations – CAAPS and Tangentyere Council – have gone a step further by developing customised computer databases to enhance their ability to report and be accountable to their primary funding bodies.
- *Indigenous Drug and Alcohol Projects: Elements of Best Practice* not only identifies some of the key elements of best practice in Indigenous substance misuse interventions, but also demonstrates that projects and organisations run by Aboriginal people for Aboriginal people come with their own sets of histories, values and strategies. These are all influenced by an Indigenous perspective that is unique to each organisation and continually evolving to meet the needs of the people the organisations seek to help. Above all else, it is the Indigenous perspective that is crucial to good practice for Indigenous substance misuse services.

# 1. Introduction

Recently, the National Drug Research Institute prepared a report, on behalf of the Australian National Council on Drugs, on the geographical distribution of alcohol and other drug intervention projects aimed specifically at Indigenous Australians.<sup>1</sup> In that report, entitled *Indigenous Drug and Alcohol Projects 1999–2000*, we identified 277 projects conducted by 213 organisations for the 1999–2000 financial year, of which 177 were Indigenous community-controlled services. We classified the projects into six categories:

- acute interventions – primarily harm reduction strategies such as night patrols and sobering-up shelters;
- prevention projects – health promotion campaigns, provision of alternatives to alcohol and other drug use;
- non-residential treatment projects;
- residential treatment projects;
- ‘other’ projects – a small residual category that included support and referral services, and staff development; and
- ‘multi-service’ projects – projects that provided a range of services but in which those services were not administered as discrete projects.

As part of that study, we were asked to identify a small number of projects that exemplified ‘best practice’ and which could serve as examples to other organisations providing alcohol and other drug intervention services. During the process of seeking information about the projects being conducted, we interviewed representatives of the organisations providing the services, those funding them, and those who had conducted evaluations of them. We asked the people we interviewed if they could provide examples of ‘best practice’. Interestingly, although a small number of projects were mentioned, most of our interviewees were reluctant to identify such projects. Instead, they made two key points – points that reflected our own experience of working in the area.

- First, the local cultures, histories and present circumstances of Indigenous communities are extremely diverse. This means that what works in one community may not work in another. Thus, we have to be wary about holding up particular projects as examples for others to follow or, worse, providing examples that might later be imposed inappropriately by funding agencies.
- Second, organisations are not uniformly exemplary or otherwise. The same organisation might do some things extremely well, others not so well, and yet other things poorly.

Consideration of these and related comments, review of the limited evaluation literature, and attempts by others to identify factors in the successful delivery of health care led us to take the focus we have in this study. That is, we have presented a small number of case studies which provide examples of the various *elements* that make an intervention project successful. Not all of the case studies may exhibit all of these elements, but they do exhibit many of them to a high degree.

## The need for such a study

Although there are many alcohol and other drug intervention projects conducted by Indigenous community-controlled organisations, few have been evaluated. Review articles on alcohol and petrol sniffing and more general review articles point out that there are few formal evaluations, and those that have been undertaken are of uneven quality.<sup>2-4</sup> These conclusions have been reflected in the literature review undertaken for the preparation of the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2006* and in the call within the Complementary Plan for more evaluation research.<sup>5, 6</sup>

The present study is not meant to be a substitute for detailed evaluative studies. With the time and resources available it was not possible to gather new data on project outcomes. Instead, we have taken a complementary approach. The case study approach we have taken is capable of highlighting salient factors in the effectiveness of intervention projects. As Yin has written, case studies aim at providing theoretical – not statistical – generalisation.<sup>7</sup> That is, case studies aim to demonstrate the links between phenomena of interest. In this study – on the basis of the literature and interviews with people knowledgeable about Indigenous Australian intervention projects – we identified a number of elements that are generally regarded as contributing to the effectiveness of projects. We then used individual agency case studies to highlight the way in which these, and other factors, are seen by board and staff members of service provision agencies, representatives of funding agencies and, in some cases, clients as elements in successful service provision.

## Identification of the projects

In *Indigenous Drug and Alcohol Projects 1999–2000*, our focus was on projects rather than on the organisations conducting those projects. However, because the success of projects is inseparable from the characteristics of the organisations conducting them, we had to take a different focus in this study. While we wanted to include a selection from the range of projects being undertaken, the focus of the study is as much, if not more, on the organisations conducting them.

The first step in the selection of projects for inclusion in the study was the development of a list of factors that have previously been identified as contributing to the success of Indigenous alcohol and other drug projects in particular, and health intervention projects in general. This list was based on the literature reviews referred to previously and the interviews we had conducted as part of *Indigenous Drug and Alcohol Projects 1999–2000*. This list included:

- Indigenous community control;
- clearly defined management structures and procedures;
- trained staff and effective staff development programs;
- multi-strategy and collaborative approaches;
- adequate funding; and
- clearly defined realistic objectives aimed at the provision of appropriate services that address community needs.

The list provided a template both for use in the selection of projects and for the gathering of data when they had been selected. These characteristics were then considered and reviewed and we came up with five categories to be used as a basis of assessing projects for inclusion on a short-list. Four of these – innovation, adaptability, sustainability and efficiency – were characteristics of the projects themselves, and the fifth – accessibility of information – simply related to the availability of information from various sources about the projects.

Using these criteria as the basis of ranking, we reviewed projects for potential inclusion on the short-list. The projects considered were those nominated by key informants from our previous study, *Indigenous Drug and Alcohol Projects 1999–2000*, projects that had been formally evaluated, had won awards for service provision or other activities related to service provision, had been the subject of favourable published journal or media articles, or that had impressed members of our research team in maintaining NDRI's *Indigenous Australian Alcohol and Other Drugs Intervention Projects Database* (<http://www.db.ndri.curtin.edu.au>). At this stage, organisations whose projects were potential inclusions in this study were contacted, the nature of the project explained to a nominated representative, and permission sought to include the organisation for consideration. No organisation declined permission; and, once permission had been given, the organisation was asked to provide material (such as annual reports) that could help us in our deliberations.

From these sources and from other documentary material, we gathered as much supplementary information as possible and prepared files on projects in each of the major categories used in *Indigenous Drug and Alcohol Projects 1999–2000* (acute intervention, prevention, non-residential treatment, residential treatment, and multi-service). As a team, we reviewed each of these files and identified a short-list of three projects in four of the categories and two projects in the fifth category. The short-list contained the following organisations and their projects:

### Acute intervention

- Tangentyere Council – Tangentyere Council Night Patrol
- Ali Curung Council – Ali Curung Council Night Patrol
- Kununurra–Waringarri Aboriginal Corporation – Moongong Dawang Sobering-up Shelter

### Prevention

- Aboriginal Drug and Alcohol Council (SA) – Education, Training and Research
- WuChopperen Health Service – Drugs, Alcohol and Other Substances
- New South Wales Department of Corrective Services – Aboriginal Drug and Alcohol Services

## Non-residential treatment

- WuChopperen Health Service – Drugs, Alcohol and Other Substances
- Jungarni–Jutiya Alcohol Action Council Aboriginal Corporation – Halls Creek Alcohol Centre
- Kununurra–Waringarri Aboriginal Corporation – Waringarri Alcohol Project

## Residential treatment

- Ngwala Willumbong Cooperative – Winja Ulupna Women’s Rehabilitation Centre
- Milliya Rumurra Alcohol and Drug Rehabilitation Centre – Rehabilitation Program
- Aboriginal and Islanders Alcohol Relief Services – Douglas House and Emerald Creek Rehabilitation Program

## Multi-service

- Council for Aboriginal Alcohol Program Services – Dolly Garinyi Hostel; Treatment; Training; Community-Based Programs
- Oolong Aboriginal Corporation – Alcohol and Drug Treatment Centre; Education Program; Half-Way House

We were concerned that the projects selected should not reflect any biases of members of our research team – especially as we had worked with some of the organisations whose projects had been short-listed. For this reason, we established a review panel consisting of three Indigenous and two non-Indigenous people who had each worked for extensive periods in providing, funding or evaluating alcohol and other drug services for Indigenous people, and three of whom were members of the National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples. These people were: Ms Coralie Ober, Mr Scott Wilson, Mr Romlie Mokak, Dr Maggie Brady and Dr Peter d’Abbs.\*

The panel members were provided with copies of our files on each of the projects and were asked:

- firstly, to review our short-list and to decide whether there were any other projects that they thought would be more appropriately included on the short-list; and
- secondly, to independently review the rankings.

\* Coralie Ober: principal adviser, Aboriginal and Torres Strait Islander Programs, Alcohol, Tobacco and Other Drug Services, Queensland Health; member, National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples.

Scott Wilson: director, Aboriginal Drug and Alcohol Council (SA); chairman, National Indigenous Substance Misuse Council; member, Australian National Council on Drugs; board member, Alcohol Education and Rehabilitation Foundation.

Romlie Mokak: manager, Men’s Health and Substance Misuse Section, Office for Aboriginal and Torres Strait Islander Health.

Maggie Brady: research fellow, Centre for Aboriginal Economic Policy Research, Australian National University; member, National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples.

Peter d’Abbs: senior research fellow, Menzies School of Health Research, and Queensland Health; board member, Alcohol Education and Rehabilitation Foundation.

Only one panel member suggested the inclusion of a project not in our final short-list. In the acute intervention, non-residential treatment and multi-service categories, the panel was unanimous in ranking Tangentyere Council Night Patrol in Alice Springs, WuChopperen Health Service in Cairns and the Council for Aboriginal Alcohol Program Services in Darwin in first place, respectively. However, one panel member also ranked Ali Curung Night Patrol in Central Australia equal first in the acute intervention category. In the prevention category, South Australia's Aboriginal Drug and Alcohol Council (ADAC) – of which Scott Wilson is the director – was among the short-listed projects, and accordingly Mr Wilson did not rank projects in that category. The other panel members were unanimous in ranking ADAC first, although one panel member ranked the New South Wales Department of Corrective Services equal to ADAC. In the final category – residential treatment – four of the five panel members ranked Ngwala Willumbong Cooperative in Victoria first. Soon after being selected, a representative from Ngwala Willumbong informed us that the organisation was not in a position to participate in the project and it was replaced by the second-ranked project in the residential treatment category, Milliya Rumurra Alcohol and Drug Rehabilitation Centre in Broome.

## Data collection and analysis

When the projects had been identified, we contacted the nominated representatives from each to arrange for site visits. One of the team members visited each of the services for four to five days to collect additional documentary data and to conduct interviews with key informants. Interviews were conducted with members of the organisations' committees of management, various staff members, representatives of the agencies that provide funding to the services, and representatives of other service provision agencies in the area. The interviews were semi-structured and based on the issues we had identified in *Indigenous Drug and Alcohol Projects 1999–2000* and in the literature. In addition, these key informants were also asked open-ended questions relating to what they saw as the reasons for the success of the service. Both the documentary and interview data were subjected to thematic analysis and case studies constructed on the basis of the analyses.

## The case studies

In the following chapters we present a case study of each of the organisations and their projects. The information that was available on each project varied (for example, with regard to outcome data) and, given constraints of space and presentation, it is not possible to include all of the information we gathered on each project. Rather than simply trying to force each case study into a restrictive standard format, we have attempted to provide the material in a way that highlights the strengths of each organisation and project and, in doing so, to provide some concrete examples of elements of best practice.



## 2. Tangentyere Council Night Patrol

The town campers, the people themselves, started the organisation.

*(Tangentyere Council executive director)*

Tangentyere Council and the town in which it is located have an interwoven past, and events surrounding the establishment of Alice Springs were the very factors that resulted in the formation of what is now one of Australia's largest, oldest and most effective Aboriginal organisations. Much is documented about the European colonisation of Central Australia and the founding of Alice Springs; however, not so well known is the impact this settlement had on the area's Indigenous population. These people are known as the Arrente and their Dreaming stories are among the oldest recorded in Australia. According to the Arrente, features of Alice Springs that we know today as the MacDonnell Ranges, Emily Gap, Anzac Hill and Mount Gillen were shaped by caterpillars, wild dogs and other ancestral figures.<sup>8</sup>

British colonisation of the area began with John McDouall Stuart's successful crossing of Central Australia in 1862, which paved the way for construction of a telegraph line linking Adelaide and Darwin. The founding of Alice Springs (formerly named Stuart) occurred when a telegraph station was located near a permanent waterhole on the Todd River. The telegraph line made it possible for settlers to take up pastoral leases in Central Australia.<sup>9</sup> But while white settlement increased rapidly and settlers learned how to adapt to the environment, the effects on the Arrente people and their traditional lands were devastating.

### History of the organisation

The Arrente people resisted the occupation, and by 1891 more than 1000 Aboriginal people had been killed. Hundreds of others were dispossessed. In 1928 Aboriginal people were banned from Alice Springs, forcing the traditional owners to form fringe camps around the perimeter of the town. These camps also became homes for families of children placed in The Bungalow, an institution built in 1915 at the disused Telegraph Station to accommodate 'part-Aboriginal' children. Later, in the 1960s, the camps swelled and many new camps were formed after the introduction of award wages for Indigenous people triggered mass lay-offs of Aboriginal stock workers throughout the Northern Territory. By the 1970s, 16 town camps were identified on the outskirts of Alice Springs.<sup>10</sup>

In response to the growing need for services and infrastructure, a group of local Aboriginal people formed a group called Tangatjira ('people working together') to help Aboriginal residents in this quest. Tangatjira became a strong voice for the local residents, and in 1978 it was successful in gaining funding from the Australian Government. In 1979 it became an incorporated body, and two years later the rapidly expanding organisation, with respected local elder Geoff Shaw as its leader, moved into premises in Elder Street, where it is still located today.

In 2003, Tangentyere Council (as the name is now spelt) is one of the largest and most successful Aboriginal organisations in Australia, representing a total of 19 town camps and roughly 1400 Aboriginal people. With a staff of 102 people, 74 per cent of whom are Aboriginal, it provides and coordinates an extensive range of services to its clients, and continues to strive towards its ultimate goal: self-determination for the people it serves.



## Governance

The internal structure of Tangentyere Council has been designed to best represent the people it serves and represents. The council is steered by an executive committee which comprises three representatives of each independently incorporated town camp. These representatives must be registered members of their community – that is, formally recognised as residents by the town camp housing committees. Each year, town camp residents elect a president and vice-president to lead their community and it is these people who are usually nominated to sit on the board of Tangentyere Council.

In addition to the town camp representatives, the executive committee includes men from the communities to deal specifically with men's business. This is known as the Four Corners Council and was once run alongside a special women's council. However, Aboriginal and Torres Strait Islander Commission (ATSIC) funding cuts in the late 1980s forced dissolution of the women's group. Tangentyere Council is keen to get this council up and running again, along with formal training for its board members, a process that was also abandoned as a result of budget restraints. Only one representative from each town camp has voting rights on the executive committee.

The committee meets each February at Tangentyere Council's headquarters to elect a president, vice-president and other officials who guide the direction of the organisation and ensure its objectives are being met. This is enabled through monthly meetings with the executive director who is a 'servant', not a member, of the board. When asked about the executive committee's and his own qualifications, Tangentyere's executive director said the organisation was governed by people who had accumulated invaluable knowledge and experience dealing with issues from racism and colonisation to institutionalisation and assimilation during their lives:

My experience is – and I think all Aboriginal people can say – that I've been there and done that. Living life as an Aboriginal person is in itself a test of your skills ... and so our skills are learnt from life. We are what we call organic intellectuals; we're not intellectuals, we're organic intellectuals because we've learned from life.

The executive committee also meets regularly with five subcommittees within the organisation. These subcommittees are made up of head departmental staff and, combined, represent Tangentyere Council's 13 areas of service. General staff from each department report as needed to the subcommittees, and this is usually on a regular basis. The executive director said the system was successful because control and direction of Tangentyere Council ultimately lay in the hands of its clients, who made up the executive committee in its entirety as well as a substantial proportion of the organisation's staff.

## Range of activities

Tangentyere Council is essentially a resource centre and service provider for the town camps on the fringe of Alice Springs. The services it provides are as many and varied as the communities it represents, and the delivery of these services is essential for the town camp population, which is removed physically and, to a degree, culturally from the urban fabric of Alice Springs. The organisation is made up of more than a dozen service departments, ranging from youth programs to architectural design.

## Employment and social services

One of the first services the organisation provided was the construction of town camp houses, which in turn led to the inception of Tangentyere Council's Community Development Employment Program (CDEP) – a service that initially offered workplace building and construction experience to unemployed men in the communities. This program has expanded alongside the organisation and participants can now choose from a multitude of areas within Tangentyere Council in which to gain skills, such as horticulture, environmental health, finance or administration.

The organisation's largest division is the social services department, which comprises:

- a culturally-appropriate, purpose-built school for Aboriginal children from the town camps (the school also offers art and craft classes, a drug education program, a health awareness program and the weekly provision of health worker services for all town camp residents);
- a social justice division, which is made up of four acute intervention services – a night patrol, day patrol, remote area night patrol and wardens program;
- a youth services department, which offers outside-school-hours and vacation child-care, sport and recreation activities, a family liaison officer, and employment and training programs; and
- the community development and well-being service, which incorporates a number of accredited training programs in the area of spiritual, physical and emotional health.

## Finance, maintenance, construction and horticulture

The organisation's finance division provides an extensive range of services for Tangentyere Council's clients, including a Westpac bank agency and automatic teller machine, financial advice, the payment of Centrelink payments into clients' bank accounts and the coordination of a trust account that holds food money for Centrelink clients. A Centrelink office on-site provides a service for 1000 of Tangentyere Council's clients, and Tangentyere Job Shop offers a job-matching service for unemployed people, as well as a community support program which helps people who face major barriers to find employment.

The human services division comprises a human resources department, reception, records department, fleet management (a mechanic and apprentice mechanic who repair and maintain 100 vehicles), and cleaning and gardening maintenance. There is also a housing office which offers support to the town camps. It assists with the management of repairs and maintenance, tenancy and rental collection, planning renovations, designs of houses, establishing forward estimates, statutory compliance obligations, advocacy, and sorting and delivering of mail. On-the-job training in minor repairs and maintenance is provided to the property management officers.

Tangentyere Design, which has been operating for more than 23 years, provides culturally-appropriate architectural services to town camps and other clients in Central Australia and works closely with Tangentyere Construction, which offers cost-effective building services for the town camp housing associations. This service extends to clients from around Central Australia, and offers CDEP training in plant and equipment hire, fencing, metal fabrication and welding.

Tangentyere Landcare's main service is an extensive nursery specialising in native flora and indigenous food plants. Its activities also include landcare advocacy, a seed-bank project, revegetation of Aboriginal lands, and remote area knowledge and skills development. The landcare project has ties to Indigenous Landscapes, a service providing revegetation and landscape design to Tangentyere housing communities and clients in Central Australia. It specialises in bush tucker and bush medicine gardens, and sells recycled organic garden products, such as mulch, compost and soil mixes.

Finally, the Homemakers and Old People's Program runs a number of services for the elderly, such as Meals On Wheels, transport, laundering and shopping. This program has also established within the town camps two homes that provide dedicated care and activities for the elderly.

## The night patrol

### History

Late in 1990, after learning of the success of a night patrol operating in Tennant Creek, a group of town camp residents decided to replicate the service in order to address the serious problems of alcohol and other drug misuse in Alice Springs' fringe communities. The toll that substance misuse – particularly misuse of alcohol – was having on the town camps was high, with communities suffering disproportionately high rates of violence, injury, family breakdown and death in comparison to urban Alice Springs.

A number of concerned people came together and began a patrol with operational strategies similar to those of the Julalikari Council Night Patrol in Tennant Creek. However, as no funding had then been obtained for the service, the patrol began humbly. Using a bus provided by Tangentyere Council, the volunteer patrollers – who were all mature-aged, male, reformed drinkers – toured only three town camps three nights a week and did not have the benefits of specialised training, uniforms, first-aid kits or radios. Another obstacle faced by these first patrollers was the reception they received from the town camp residents. Their presence in the camps was met with curiosity at best, and at times a certain amount of mockery. However, the patrol persisted and within a year the service had had a number of positive meetings with Alice Springs police, resulting in the signing of a memorandum of understanding between the two parties to work cooperatively and maintain goodwill.

According to the patrol's current coordinator, police at the time were happy to throw their support behind the patrol because they were reluctant to visit the town camps

themselves. There were, at the time, ongoing clashes between residents and police, and many Aboriginal people were unhappy with the way uniformed officers dealt with intoxicated people in the town camps.

### Objectives

Within its first year of operation the night patrol identified three objectives:

- to reduce the problems associated with alcohol and other drug misuse;
- to act as a buffer between Aboriginal people and the police; and
- to minimise the number of Aboriginal people who became involved with the criminal justice system.

In 1991, Tangentyere Council was successful in gaining funding for the night patrol (for equipment and a coordinator) from ATSIC, a move that allowed expansion of the patrol to cover all the town camps and to do some work on foot in the central business district. Also at this time, patrollers began to receive CDEP wages, and rules, procedures and a committee were established to enhance delivery of the service.

More than a decade later, the patrol has won approval and respect from the people it serves and plays a leading role within the Aboriginal community of Alice Springs. However, the patrol has also changed significantly. It has grown to become one of Tangentyere Council's biggest programs – with a total of seven patrollers, two referral officers, a database operator, two four-wheel-drive vehicles and a dedicated base at Elder Street – and the philosophy of the patrol has evolved in order to accommodate the changing needs of its target communities.



A member of Tangentyere Council's night patrol

## Patrol activities

Apart from alcohol and other drug-related problems (in 2001–02, there were 6728 reported encounters by the night patrol, 49 per cent of which were related to alcohol or drug use), the night patrol addresses a miscellany of issues within the town camps and Alice Springs. It provides transport to telephones, other camps, hospital, the town's sobering-up shelter, the women's shelter, general practitioners and police. It works with police and the Alice Springs hospital to find missing people – either people who have fled police custody or medical patients who have walked out of hospital – and it helps local schools by picking up truants and returning them either to their homes or back to school. Patrollers conduct nightly cell checks to ensure Aboriginal people in police custody are being dealt with properly; they administer first-aid where appropriate and when possible; and they liaise between the town camp residents and the staff of other Tangentyere Council departments (such as housing and aged care), reporting any problems or concerns.

While some people within Alice Springs claim the patrol has taken on more issues than it should, Tangentyere Council's social services manager believes the service has always been about helping Aboriginal people in a holistic way, because Aboriginal people do not make a distinction between alcohol and other drug problems and the problems of life in general:

The core function of the service addresses issues related to alcohol and substance misuse, but the context of that is very, very broad, but probably broad in a way that Aboriginal people see life. You know you don't separate out health, you don't separate out education, you don't separate out social justice. Everything is part of one culture and that's very much how the night patrol has always operated. They deal with all social issues in the community.

## Strategies to meet objectives

### *Workers manual*

One of the foremost roles of the patrollers is to defuse potentially dangerous situations, such as fights, verbal abuse and self-harm, by talking to people and trying to calm them. The patrollers do not carry weapons and have no powers of arrest. In order to ensure the service is delivered in an appropriate and safe manner, Tangentyere Council was revising an existing workers manual at the time of our visit. The new manual will clearly describe the roles and responsibilities of the night patrol and will cover the important topics of safety and conflict resolution. The manual will also be used to help ensure that staff understand exactly what the objectives and parameters of the patrol are. It will set out distinct patrol routes and timetables to ensure the patrol keeps to a uniform schedule. On completion of the manual, patrollers will participate in an intensive one-week training course covering all the documented topics.

### *Regular training*

Patrollers participate in weekly training sessions supervised by a research officer who works for the organisation on a voluntary basis. The purpose of these sessions is to help the patrollers maintain their knowledge and skills in first-aid, computing, legal issues, policies and procedures, and protocols for interacting with clients, police and relevant agencies. In addition, Tangentyere Council is planning to reintroduce a fortnightly debriefing session, which will involve patrollers talking to a trained psychologist about their experiences in the field. The social services manager said it was hoped this would give the patrollers a chance to 'unload' by discussing situations that might have been stressful or dangerous.

### *Customised computer database*

The patrol has come a long way in its method of data collection. Until 2001, information about clients, encounters and patrol shifts was recorded on paper by the individual patrollers. However, negotiations between Tangentyere Council, Julalikari Council, Kununurra–Waringarri Aboriginal Corporation (Western Australia) and NDRI resulted in the development of a customised computer database to record and monitor the activities of night patrols. This database is operated at Tangentyere Council by a staff member who has been trained by NDRI. The database has not only streamlined data collection and helped clarify interpretation of data, but has significantly improved Tangentyere Council's ability to report to its main funding body, ATSIIC:

The night patrol provides a very good performance report and they use a database now that is amazing, and just looking at it you can see they are providing a service. They provided their first database report to ATSIIC in June 2002; it was a report for their 2001–2002 financial year. The database has greatly improved their reporting.  
(*ATSIIC field officer*)



Night patrollers participating in computer database training

### Collaborative relationships

The night patrol has collaborative relationships with a wide range of organisations, including: the police; the Drug and Alcohol Services Association’s sobering-up shelter; Alice Springs Town Council; St John Ambulance; Alice Springs Women’s Shelter; Alice Springs Supported Youth Accommodation; and Central Australian Aboriginal Congress (an Aboriginal community-controlled medical service).

#### Police

Delivery of an intervention service, such as a night patrol, is always more effective when there is collaboration with other relevant service providers. Tangentyere Council has been successful in establishing and maintaining links with agencies in Alice Springs that are also main players in alcohol and other drug misuse intervention. The night patrol works most closely with the Alice Springs police service, and the two organisations share a memorandum of understanding.

Alice Springs’ police superintendent said uniformed officers had come to rely heavily on the night patrol as the first call-out to problems in the town camps. He said in most situations it was the patrol that was contacted first – usually by town camp residents – and if the situation became violent or dangerous, the patrollers would call for police back-up. The system worked very well, he said, because police preferred to avoid the town camps, due to the overt antagonism and hostility their presence in the communities provokes. Also, the night patrol’s handling of the town camps enables police to focus on problems within Alice Springs, although the police were always on hand to help the patrollers if necessary.

The superintendent said police were trained to deal with violence and aggressive conflict whereas the patrollers were not, so the police would not put the patrollers at risk by leaving them to deal with such a situation. Conversely, the police often call on the night patrol if an incident in the town requires the assistance of Aboriginal mediators. The patrol also accompanies the police when it is necessary for them to enter the town camps.

They are a point of liaison between the people in the camps and us. Their resources and knowledge are invaluable to us. The town would be worse off without the patrol, especially the Aboriginal community and its social outcomes. It would make things very busy for us as well.

*(Alice Springs police superintendent)*

#### Sobering-up shelter

The night patrol also works collaboratively with the Drug and Alcohol Services Association (DASA), which operates a 26-bed sobering-up shelter in the town. The manager of the sobering-up shelter said although 99.9 per cent of the shelter’s clients are Aboriginal people, the number of clients admitted by the night patrol was not high (about 6 per cent per year) in comparison to police and family referrals. But he said this was most likely a reflection of the patrol’s approach to dealing with people: the patrollers would prefer to take intoxicated people home or to the homes of other family members where possible. Night patrol data reflect this approach, revealing that of the 1426 actions taken by patrollers in relation to intoxicated people in 2001–02, only 240 actions involved taking a person to the sobering-up shelter. Three and a half times as many actions (817) involved taking a person home or to a family member.



### *Alice Springs Town Council*

Tangentyere Council has a memorandum of understanding with the Alice Springs Town Council, which relates largely to Tangentyere Council's wardens program – an early morning vehicular patrol of the dry Todd River bed, which is often used by Aboriginal people from bush communities as a temporary camp. However, the director of economic and community development said the town council's rangers endeavoured to work whenever possible with the night patrol in relation to issues such as illegal camping, litter, public drinking and anti-social behaviour.

### Structure of the patrol

Seven full-time patrollers make up the core of the night patrol. A half-time database operator and two half-time referral officers (who are shared with Tangentyere Council's day patrol and whose salaries are paid out of the separate day patrol budget) comprise the support staff. The night patrol also has a full-time coordinator who, in addition to the night patrol, oversees the day patrol and wardens scheme. Patrollers' wages are subsidised by CDEP by an amount of \$10,000 per year, per employee – raising the individual gross salary of each patroller in 2003 to \$37,690. Other funding for the night patrol is provided by ATSIC and covers everything from vehicles and uniforms to first-aid supplies and office equipment.

The patrol coordinator said all current night patrol staff members, with the exception of one referral officer, were Aboriginal and all the current patrollers were from the town camps. Every Tuesday, before the start of their shift, the patrollers meet at Tangentyere Council's headquarters to participate in training and education.

The night patrol is closely connected to Tangentyere Council's day patrol and wardens scheme, which combined provide an almost 24-hour service. Staff members on the three teams meet once a week, while the leaders of the night patrol and wardens scheme meet informally every couple of days to exchange information.

The patrol also has close links with most of Tangentyere Council's departments because it acts as an intermediary between Aboriginal people in the town camps and the organisation. For example, patrollers will report to the housing department if they see a house in need of maintenance, or report to the old people's program if they have contact with an elderly person in need of help. The patrol meets monthly with other departments in the social services division and participates in monthly staff meetings between all Tangentyere Council employees and the executive director.

The night patrol operates from 5 pm to 1 am, five nights a week (Tuesday to Saturday) and is equipped with two four-wheel-drive vehicles fitted with roll cages and radios. Each vehicle is staffed by a minimum of three patrollers, for reasons of safety and record keeping (one patroller in each vehicle is responsible for recording the details of all encounters, which are later entered into the computer database). The patrollers have constant radio contact with a radio controller at the night patrol base at Tangentyere Council's headquarters. The patrollers are instructed to make radio contact with the radio controller every 10 minutes in order to verify their location and safety status. If the patrollers fail to do this, the radio controller will make three attempts at contact and, if there is no reply, will immediately call the police to investigate.



## Delivery of service

The list of services that the night patrol provides is seemingly endless and is as fluid and diverse as the needs of the people it strives to help. Each time the patrollers don their yellow uniforms and go out into the night, they are confronted with a different problem or situation than on the night before. According to the patrollers, just one evening shift is quite likely to produce all of the following incidents:

We deal with youths shoplifting; women and children who want to go home; people leaving hospital; children at other people's homes; and we take people to hospital or the welfare people. We look for lost children; we do police cell checks and take people home from the cells. We patrol the city and watch the kids; we deal with drunks on the street if the police are too busy; we do train checks to make sure no one is sleeping on the railway tracks; we patrol a lot of illegal campers. We break up fights. We help the hospital out with missing people who won't go back; we get residential calls from town homes about people making a nuisance of themselves.

## Staying safe

With such a large and unpredictable job description, it is imperative that the night patrol is able to deliver its service efficiently, consistently and safely. This is partly achieved through collaboration with other agencies, but also through a clear understanding of how the patrol operates and its parameters. The patrol has an established and reliable protocol which works to maximise service delivery and minimise risks to both the patrollers and clients.

In each four-wheel-drive vehicle that goes out on patrol, it is mandatory that a male patroller be present. If a male patroller is not available, the vehicle does not go out. This rule exists firstly to ensure the safety of the female patrollers, and secondly to help bridge cultural communication barriers that quite often exist between Aboriginal men and women. Another safety precaution involves the manning of the vehicle. At no time can the patrol vehicle be left unattended by the driver, who must be ready to evacuate the patrollers in case of an emergency. When parked or stationary for a period of time, the patrol vehicle must face the exit of the town camp to enable a fast departure when required.

The patrollers are trained to use non-physical approaches to clients, but when interviewed, conceded that at times it was necessary for male patrollers to physically restrain people. Although under instructions to defuse the situation verbally, the patrollers said they would have no choice but to intervene if the incident became violent or a client's life was at risk. Acts of intervention may themselves result in serious consequences for the patrollers:

We've seen it all – sticks, stones, steel bars, rods, rubbish bins. We've had rocks thrown at us. But as soon as we see a weapon, we reverse [the car] and get out.

*Verbal persuasion*

Unlike the police, the patrollers have no powers of arrest, so cannot legally apprehend anyone. Also unlike police officers, the patrollers do not carry weapons. Their most valuable weapon is verbal persuasion – the ability to suppress conflict and violence by simply talking to people. Of equal importance is temperament. Patrollers must be able to function calmly and sensibly under pressure. In addition, it is highly beneficial if the patrollers can speak one or more of the Aboriginal languages spoken in the town camps, because when people are upset or intoxicated, they often revert to their first language which among many town camp residents is not English.

*Family connections*

The most valued prerequisite for a patroller, and one that is paramount in terms of effective service delivery, is his or her family name. The coordinator said, if a patroller is from a family well known in the town camps, it serves him or her favourably: firstly because the person is recognised as having a place in the community; and secondly because in a hostile situation people would think twice about hassling the person, knowing that their actions may be avenged by the patroller's family members at a later date. This form of social reverence applies even more so to male patrollers who have been through Aboriginal law. Although not an essential criterion for the men on the night patrol, it is preferred that they have been initiated because it guarantees respect, which means safety for the patrollers.

## Strengths and achievements

### A culturally-appropriate service

Every night they [the night patrol] would have assisted somebody. When people are genuinely at risk, or just when somebody needs help, that's when the night patrol is an invaluable service.

*(Arrente Council director)*

According to the many people and organisations interviewed in Alice Springs for the purpose of this report, the night patrol's greatest strength by far is its unwavering commitment to help any town camp resident in genuine need. The target rate set by Tangentyere Council for the number of people assisted by the night patrol in one year is 1560. In 2001–02, the night patrol far outstripped that figure, helping a total of 2189 people. The patrol's versatility in addressing not just drug and alcohol-related problems, but a diverse range of social and emotional issues, has made it a respected and important service among Aboriginal people. In stark contrast to the Aboriginal community's first reaction to the night patrol when it tentatively set foot in the town camps 13 years ago, most people now welcome the patrol as a reassuring presence in their communities. Another of its strengths is that the patrollers are all, without exception, Aboriginal people with personal ties to the town camps. It is also a great advantage that the patrollers, between them, are usually fluent in the seven or eight languages spoken among the town camps, so are able to communicate effectively with the people they serve.

### A multi-service program

The night patrol works closely with Tangentyere Council’s day patrol and wardens program. The day patrol is a relatively new service. It began in May 2002 after being awarded separate funding from the Northern Territory Government as part of its commitment to maximise the effectiveness of liquor restrictions introduced in Alice Springs that same year. Also made up exclusively of local Aboriginal people, the day patrol operates from 1 pm to 9.30 pm, Wednesday to Friday. Its main focus is the central business district of Alice Springs – in particular, the Todd Mall – and its primary targets are street drinkers. It also deals with crisis situations.

The wardens program is an early morning vehicular service that aims to reduce the amount of illegal camping along the Todd River and Charles River beds. It is also committed to returning back to their communities any Aboriginal people who are stranded in the town, either by giving them bus tickets or by transporting them there in the program’s four-wheel-drive vehicles.

This inter-relation between the three services has proved to be a great strength. The leaders of the three programs meet regularly to exchange information and participate in regular meetings with the police to discuss coordination of services. The information gathered by each patrol is entered onto one computer database. The recorded data allow staff to gain a better understanding of clients, trouble spots and patterns of alcohol and other drug misuse, thereby vastly improving service delivery.

### Reduction in crime

According to the Alice Springs police, the patrol has helped manage problems associated with drunkenness either by transporting intoxicated people to appropriate services or by preventing them from causing problems. It has also been able to identify, in some instances, the origins of illicit drugs being brought into the town camps and Alice Springs. Police said the patrol was a huge asset to them because it had considerably lightened the load of uniformed officers, especially during busy times such as when funerals, concerts or sporting events were being held in the town.

The Australian Institute of Criminology, in awarding the night patrol the 1993 Australian Violence Prevention Award, cited police records showing a 20 per cent reduction in assaults and a 10 per cent reduction in criminal damage in Alice Springs in the three years following the establishment of the patrol. Lower rates of truancy have also been attributed to the night patrol – a result, police said, of patrollers talking to parents and encouraging them to send their children to school. The night patrol was commended in 1999 under the Australian Violence Prevention Award, and won the award again in 2002.

## Obstacles overcome

It appears that one of the greatest hurdles the night patrol has overcome has been the fight for better pay for its employees. The night patrol was successful recently in increasing the salaries of its patrollers from CDEP wages to full-time award pay, including a continuing \$10,000 per annum subsidy by CDEP. Also, the night patrol's good standing with its funding agency, ATSIC, has helped it avoid the usual pitfalls associated with uncertainty of funding, such as the inability to recruit staff or build on existing resources.

The night patrol has been very fortunate in securing recurrent triennial funding from ATSIC since its inception, and has established a sound relationship with this agency. An ATSIC field officer who works closely with the night patrol said the service was above-average in meeting its performance and accountability requirements, and this had improved with the night patrol's development of a specialised computer database. The field officer said she would not hesitate in recommending additional funding if the night patrol applied for it.

## Future directions

### Expansion of the service

Tangentyere Council's social services manager said her foremost ambition for the future of the night patrol was an expansion of the service to include a mobile medical team. This would comprise a doctor and health worker who would provide on-the-spot medical attention to the many town camp residents who could not or would not seek help in Alice Springs. She said that, ideally, the team would travel alongside the night patrol in a separate vehicle; alternatively, it would share the same vehicle.

### Overcoming staffing problems

Although Tangentyere Council has managed to obtain better pay for the night patrol workers, it continues to suffer from staffing problems, including employee absenteeism and a high staff turnover – in part because of the stressful nature of the job. However, there have been recent significant improvements in this area. The patrol coordinator position was established to provide more dedicated supervision of the three patrols; employment processes have been formalised; Tangentyere Council speaks more consistently about professionalism and accountability; the number of male patrollers has been increased in an effort to ensure the patrol is able to operate; and specialised recruitment drives have been put in place.

According to the social services manager, the changes are having positive effects, with the current coordinator and four patrollers still in their jobs after one year. The service is close to having a consistent and reliable team. Past and residual staff problems, however, appear to have affected the night patrol's relationship with other agencies with which it shares formal or informal agreements. A representative of one agency claimed it was sometimes impossible to contact the patrol because its after-hours phone number was unattended. At other times, partner agencies were not informed if and when the patrol was not operating due to staff absenteeism. For these agencies it is important that the patrol be seen to be constant and consistent.

### Clarifying the role of the patrol

The patrol is looking at establishing formal agreements with a number of agencies, in addition to those with the police and the town council. However, during interviews with some agency representatives there was criticism that the night patrol had become more of a transport service than an alcohol and drug misuse intervention service. These people understandably appeared confused about the patrol's objectives; night patrol data show transport outweighs disturbances, domestic violence and medical problems as the main reason for actions taken by patrollers. In 2001–02, one-third (307) of the 910 men encountered by the night patrol were assisted because they needed transport, compared to the 201 who were causing a disturbance and the 149 who needed medical attention. Similarly, 379 of the 1105 women helped required transport, in comparison to the 176 who were causing a disturbance and the 67 involved in domestic violence. To avoid further confusion and unfair criticism, the patrol would benefit from first discussing with potential partner agencies its roles and responsibilities.

There has also been some concern from both within and outside the night patrol that the police and Alice Springs residents rely too heavily on the patrollers. In 2001–02, despite almost half (3000) of the total number of encounters occurring in the town camps, the night patrol spent a majority of its shift time outside the camps responding to matters relating to public places, town residents, the hospital and the police. The patrol coordinator said the patrol was increasingly becoming involved with incidents between Aboriginal people in the town because of pressure from police and the public to deal with them. But this was taking the service away from the town camps, where it belonged. As one Alice Springs resident said:

There's a huge recognition in the community that the night patrol is better equipped to do certain things than the police. The night patrol is the only organisation that people can get in touch with when there's an issue; all sorts of issues that people feel the police are not adequate to deal with.

## Conclusion

Tangentyere Council's night patrol is not a perfect service. But it is clear from the many people consulted in the Alice Springs community that the patrol is a unique and indispensable service because, above all else, its goal is to make the communities in and around Alice Springs safe places for Aboriginal people to live. Also, in terms of what constitutes a model of best practice for an acute intervention service, the night patrol has been successful in identifying and putting in place the essential ingredients, from seeking out and gaining recurrent funding to finding the best people for the job. But at the end of the day, what makes this night patrol a truly successful entity, and one which will continue to triumph over obstacles and criticisms, is its unwavering commitment to protecting and empowering its own people. As one patroller said:

These our mob, our issues and our country, and only we know how to deal with these.

## Elements of best practice

**Good collaboration:** The night patrol has strong relationships with the local town council and sobering-up shelter, and a long-term, formal relationship with the local police service.

**Culturally-appropriate service:** The night patrol is made up exclusively of Indigenous workers who have family connections in the town camps, and who speak local Aboriginal languages.

**Effective service delivery:** Patrollers undergo weekly training in relevant practices and protocols set out in the workers manual.

**Funding security:** Tangentyere Council has established good relationships with funding agencies by being financially responsible. As a result, it now has security of funding.

**Multi-service program:** The night patrol is one component of a wider patrol program incorporating a day patrol, remote area night patrol and wardens scheme.

# 3. Aboriginal Drug and Alcohol Council (SA) Inc.

## History of the organisation

In the early 1990s, a damning report by the Royal Commission into Aboriginal Deaths in Custody found that a majority of the 99 Australia-wide deaths investigated by the Commission were alcohol or other drug related.<sup>11</sup> Of the 300 recommendations made by the Royal Commission, almost one-third focused on substance misuse. The findings sparked an immediate response from Aboriginal communities across South Australia, where problems arising from alcohol and other drug misuse were increasing and having devastating social, emotional and economic consequences.

Representatives from some of these communities met in Port Augusta in January 1992 to discuss the findings of the Royal Commission's final report and to draft a critical response. This response included a consensus from the communities that development and implementation of a strategic plan to tackle substance misuse in South Australia were imperative, and a State-wide, community-controlled organisation be established to achieve this objective.

The following year, the Aboriginal Drug and Alcohol Council (SA) Inc. (ADAC) was born after receiving a grant from the Australian Government. Initially set up under the auspices of the Aboriginal Sobriety Group, ADAC opened its doors in February 1993 with a mission to:

- review, monitor and provide support to Aboriginal substance misuse intervention programs;
- develop policy and provide advice to programs and the government;
- through a secretariat, coordinate Aboriginal alcohol and other drug misuse programs and ensure that funding is distributed appropriately;

- act as an advocate for Aboriginal interests on substance misuse issues;
- organise training, prevention, promotion and educational programs; and
- positively promote harm minimisation as an effective preventative measure.

The money provided by ATSIC enabled the employment of five staff, and allowed the organisation to set up a base in Kent Town, Adelaide – a light industrial district minutes from the city centre. In 1995, responsibility for ADAC's recurrent funding was transferred to the Australian Government's Office for Aboriginal and Torres Strait Islander Health (OATSIH), which continues to administer it. ADAC's first funded project arose from recommendations under the National Drug Strategy. ADAC developed and delivered substance misuse education to more than 400 Aboriginal inmates in South Australian prisons. The two-year program was evaluated on three separate occasions by the National Centre for Education and Training on Addiction (NCETA), which commended it as an example of best practice.<sup>12</sup> Although the project failed to attract further funding, the experience helped elevate confidence and skills within the new organisation and ADAC quickly began to emerge as a competent player in the field of Aboriginal substance misuse interventions.

In 2003 ADAC celebrated its tenth anniversary, which was an opportunity to reflect on a decade of outstanding growth in size and scope. It has a staff of 17 full-time employees – 60 per cent of whom are Aboriginal – and boasts an extensive portfolio of education, training and research in Indigenous substance misuse issues. It represents 27 urban, rural and remote Aboriginal communities across South Australia, from Amata in the north-west to Raukkan in the south-east.



## Governance

The ADAC board has a core membership of three Aboriginal substance misuse organisations (Aboriginal Sobriety Group, Kainggi Yuntuwarrin, and Kalparrin), as well as one representative from each of the remaining 24 Aboriginal communities that ADAC represents. Board members, all of whom must be Aboriginal people, serve a two-year term and meet once a year. Within the board is an eight-member executive committee comprised of representatives from the three core member organisations, as well as five people from the communities who are elected by the board at the Annual General Meeting (AGM). The executive committee elects a chairperson and meets every eight weeks at ADAC's offices. The chairperson, two other board members, the director and a hired consultant – with input from the board – develop the organisation's strategic and work plans. These plans then go to the board for endorsement.

ADAC's AGM is open to anyone from the member communities. The AGM is part of a two- or three-day annual conference, which provides opportunities for staff members to make presentations about current projects, new research or directions, and any other topics of interest. The conference also gives community representatives the opportunity to ask questions and air any concerns or grievances.

Every two years, the chairperson, three members of the executive committee and the director take a 'lobby trip' to Canberra, with the purpose of speaking to as many politicians as possible about topical issues.

Things will only happen if we lobby for them. We lobby polities from both sides of Parliament. We get on with people from both sides.

*(ADAC director)*

The delegation also visits funding agencies during the trip, and hands out posters and promotional material to boost ADAC's public profile. The current director of ADAC is a member of the executive and the current chairperson is also an ADAC employee. Because of her extensive experience as a social worker, the chairperson was hired to work on a counselling project at Murray Bridge. As an employee, she reports to the director but said she always keeps her roles as employee and chairperson separate. She said ADAC strives very hard to maintain a strict hierarchical system of governance to prevent a breakdown of the structure of the organisation. To help achieve this, board members are all required to undergo training. The chairperson said it was important that the executive committee did not interfere with the director's authority over staff or the day-to-day running of the organisation. She said training helped to enforce a proper operating system and clarified the role of executive members.



## Staffing

### Secretariat

ADAC's secretariat – in contrast to the role of the board and executive – is almost completely non-hierarchical. All staff members are encouraged to be relatively autonomous and, when necessary, report directly to the director rather than through a line manager. Self-supervision at ADAC is designed to encourage staff members to pursue, to a degree, their own interests (as long as they benefit the organisation) and to enable them to respond more easily and efficiently to the needs of the communities.

This unconventional approach extends to the way ADAC views the performance of staff. There is a philosophy within the organisation that the outcomes of an employee's work are more important than the road taken to reach them, thus allowing for a significant amount of flexibility. Also, staff are encouraged to have informal contact with board members, as well as agencies that ADAC deals with on a regular basis – such as the Drug and Alcohol Services Council (DASC). A representative of DASC said this kind of relationship was a benefit to the funding agency as it was able to contact ADAC at any time for advice or information, and vice versa. The ADAC director said the unconstrained working of the secretariat did incur some problems but in general was successful and an advantage to the organisation. However, with a quality assurance project now near completion, ADAC's structure is set to become more formal.

## Staff development

Staff are the engine room. We need to support them and help them expand their knowledge and skills.

*(ADAC peer support officer)*

Three per cent of ADAC's annual budget is set aside for staff training, and all employees are encouraged to learn new skills or further their existing skills. Some external courses completed by staff include library management, postgraduate diplomas in the area of substance use and information management, and specialised computer training. Relevant in-house training is carried out regularly and, according to the director, ADAC is one of the only Aboriginal organisations in the country that puts money aside each year for the specific purpose of sending staff to conferences, both in Australia and overseas.

In 1998, ADAC staff, between them, presented 90 per cent of the Australian papers at the Healing Our Spirit Worldwide conference in New Zealand. In August–September 2002, six staff members presented papers at the Healing Our Spirit Worldwide conference in the United States of America. ADAC and the National Indigenous Substance Misuse Council (NISMIC) will host the 2004 Healing Our Spirit Worldwide conference in Adelaide; and ADAC employees are regular attendees and contributors at a range of national conferences such as the Winter School in the Sun and Australian Professional Society on Alcohol and Other Drugs (APSAD) conferences.

## Staff support

One of ADAC's Aboriginal employees has the role of Aboriginal peer support worker. Essentially, he acts as a sounding board for Aboriginal staff who have complaints or concerns about other staff or workplace conditions. It is an informal arrangement, with matters being taken to the director only if the staff member wishes or if a problem is serious. If they request it, the peer support officer will also accompany Indigenous staff members when they need to meet with the director.

The idea for the role of peer support worker came about after two Aboriginal people employed on an ADAC project felt their personal needs were not being considered, and they did not feel comfortable about speaking to their immediate superior – a non-Aboriginal man. The current peer support worker said the job required someone with an abundance of life skills, as well as knowledge of effective management and communication techniques. However, above all, it required creating an atmosphere within the workplace in which people felt comfortable talking about their concerns. All employees have the right to go to the board if they have a grievance, but that occurs rarely because most conflicts are dealt with quickly and effectively by the director.

## Responding to community needs

ADAC is responsive to its communities, to people individually and to government and non-government organisations in the wider arena. ADAC doesn't exist in a ghetto, it works across a range of sectors. *(ADAC education manager)*

The majority of ADAC's projects and activities originate through listening to community expression of need or responding to research or government recommendations. For example, a mentoring project arose out of community concerns that elderly people had to fulfil caring roles for which they received no support and with which they were sometimes not equipped to deal. A front-line injecting drug use worker project was established after ADAC successfully tendered for a project that arose from NCETA research, and a quality assurance project was initiated as the result of recommendations from a governmental review. In addition, ADAC provides general support to communities that, according to a DASC project officer, are frequently in crisis mode as the result of being either under-resourced or deeply involved in community and personal conflicts.

## Health promotion

ADAC's launch into health promotion was kick-started by a 1997 poster competition the organisation held among Aboriginal primary school students. ADAC produced 50,000 posters of the winning design. According to the director, this project was the catalyst for a stronger focus on health promotion. Since then, ADAC has produced an extensive range of information cards and leaflets on issues ranging from foetal alcohol syndrome and hepatitis C to dealing with grief and trauma, as well as posters and T-shirts about various drugs including cannabis, amphetamines, tobacco, heroin and alcohol. Recently, ADAC designed and produced an Illicit Drug Use Helpcard – a wallet-sized card that contains telephone numbers of South Australian alcohol and other drug intervention and treatment agencies. It also features hotline numbers for information on hepatitis C, HIV and AIDS, and for financial counselling, services for the homeless, legal help and clinics that provide clean needles and syringes.

## Resource manuals

On a larger scale, ADAC is renowned in its field for the production of two resource manuals: a Petrol Sniffing Kit and a Dementia Manual. Development of the Petrol Sniffing Kit grew out of ADAC's Makin' Tracks project (see below). The kit is an information manual for Aboriginal health workers and communities and it contains four booklets covering a wide range of issues.<sup>13</sup> The manual has been so successful it won a Ted Noffs Award in 2001 and, in 2002, was nominated for an International Federation of Non-Government Organisations award.

After release of the manual, ADAC was asked by communities to hold training sessions on its use and the project coordinator ran workshops in Broken Hill, Adelaide, Bourke, Dubbo, Melbourne and Perth. However, demand for the manual and training was so great that ADAC decided to develop video-based workshops to help organisations train health workers on information contained in the manual. The video was launched at the 2002 South Australian Drug Summit and 1000 copies were printed and distributed free of charge to groups and organisations Australia-wide.<sup>14</sup> According to the state manager of South Australia's Nunkawarrin Yunti: 'If there's an organisation in South Australia championing petrol sniffing issues, it's ADAC.'

The second manual was developed in co-operation with the Alzheimer's Association of South Australia. It is a dementia awareness/education manual which provides information for individuals, families and communities about how dementia affects people, with a particular focus on alcohol-related brain damage.<sup>15</sup> The manual contains information and materials for a three-day dementia course. The New South Wales Government tendered for a provider to deliver training in the manual to health care workers. It awarded the contract to New South Wales Home and Community Care (HACC), and in 2002 ADAC hired an Aboriginal woman to train the HACC workers, in partnership with the Alzheimer's Association.

## Makin' Tracks

In an attempt to help communities develop and sustain local substance misuse strategies, education and training, ADAC – with funding from the National Illicit Drugs Strategy – put together a mobile team of workers and called the project *Makin' Tracks*. The team spends weeks at a time visiting communities in an effort to support community workers and community groups in the delivery of local initiatives. This is achieved by providing community workers with up-to-date information and resources, and contributing to the planning of strategies. Participating communities include Ceduna, Coober Pedy, Finke, Mount Gambier, Oodnadatta, Port Augusta, Port Pirie and Whyalla. Organised activities range from youth discos, football and sporting carnivals to men's camps, youth camps and community barbecues. The project has a steering committee and is being independently evaluated by NDRI.



School children wear promotional T-shirts handed out by the Makin' Tracks team

## Health promotion unit

As the result of unmet demand for people to provide training, ADAC plans to establish an independent substance misuse health promotion unit. The unit will develop resources for the community and provide national distribution of materials. ADAC's director said the unit will contract to other organisations and aims to be self-funding within two years.

## Education

ADAC regularly responds to requests from educational institutions for information or presentations about Indigenous alcohol and other drug issues. ADAC's education officer delivers lectures on illicit drug use to TAFE students, while other staff conduct lectures on Indigenous substance misuse for postgraduate public health students at the University of Adelaide. ADAC has also helped develop substance misuse case studies for use by students in the Flinders University Medical School.

## Training

Apart from providing training in the use of the dementia and petrol sniffing manuals, ADAC is involved in furthering the skills of health workers who deal with people using illicit substances. The Training Frontline Workers Project began in October 2001 and is funded by the Australian Government Department of Health and Ageing through the National Illicit Drugs Strategy. The two-year project aims to develop a resource package to help Indigenous workers increase their knowledge of, and skills to deal with, illicit drug problems. The project is being conducted in collaboration with DASC, which has seconded a project officer to ADAC. The project officer is currently working on a resource package for Indigenous health workers which will include exercises to help workers turn their knowledge into practical skills. The package will contain written material, audio tapes, pamphlets, posters and other resources for both health workers and their clients. It will reflect Aboriginal cultural norms and will be able to be used by Indigenous workers with no formal training or qualifications.

## Research

ADAC has undertaken a substantial number of research projects and literature reviews, mostly in collaboration with educational institutions or government bodies. ADAC worked with Flinders University's School of Nursing and Midwifery on a project that investigated the experiences of drinking by urban Aboriginal women, especially in relation to drinking on licensed premises. The report on the project was launched in 2002 and is available on the ADAC website.<sup>16</sup> ADAC hopes this project will eventually lead to a larger study.

### *Quality Use of Medication Project*

Also in 2002, the South Australian Minister for Aboriginal Affairs launched a preliminary report by ADAC and Flinders University's School of Nursing and Midwifery on the management of medication for Aboriginal people with mental illness and their carers.<sup>17</sup> The four-year Quality Use of Medication Pilot Project is funded by a Rotary health research grant. The aim of this study is to explore the particular needs, experiences and contexts of Aboriginal people diagnosed with a mental health disorder, and focuses on issues relating to management of medications. The 2002 report was one component of the study, and focused on Adelaide's northern metropolitan region. The findings from eight other health regions in South Australia were published in 2003.<sup>18</sup> It is hoped recommendations in the final report will inform health professionals, particularly doctors and pharmacists, about problems associated with medications, and encourage improved systems and responses.

### *Injecting drug use report*

IDU among Aboriginal people has been raised and highlighted at the State and national level. Without ADAC, awareness of this issue would not be out there.

*(DASC state manager, planning and policy)*

In 2001, ADAC conducted the largest single Australian study of Indigenous people who inject drugs. The project was funded by OATSIH and conducted in collaboration with NCETA. The aims of the project were:

- to assess the impact of injecting drug use (IDU) on the Indigenous community;
- to gather information on the injecting practices of Indigenous people; their knowledge of the risks associated with IDU; and their knowledge of and access to services;
- to improve the existing knowledge base on Indigenous IDU and inform further development of responses and services; and
- to determine if rapid assessment procedure is a valuable method of conducting research in Indigenous communities.

Utilising peer interviewers (Aboriginal people with experience in IDU), ADAC surveyed more than 300 Aboriginal drug users. The interviewers were able to develop rapport with the participants and earn credibility because of their knowledge of injecting drug use and their language skills. The project culminated in the preparation of a community report – *Investigating the Impact of Injecting Drug Use in Indigenous Communities in Metropolitan Adelaide* – which discusses the results of the survey and the issues raised in the research, and makes preliminary recommendations.<sup>19</sup> The report was launched

during Drug Action Week in 2002. ADAC hopes the report will be valuable to health workers and community members who have involvement with drug-related problems.

The Adelaide IDU project grew out of a pilot study conducted in Murray Bridge, South Australia, in 1997. The aims of this study were to identify rates and patterns of injecting drug use and associated harms among users and the community as a whole. The results of the study were published in a report entitled *Using Rapid Assessment Methodology to Examine Injecting Drug Use in an Aboriginal Community*.<sup>20</sup>

### *Other research*

Additional research projects include:

- a literature review of injecting drug use in urban Indigenous communities;
- models of intervention for gambling among Indigenous people;
- a road safety report investigating the over-representation of Aboriginal people in road toll statistics in the Murat Bay district in the far west of South Australia;
- a State-wide investigation into the educational needs of rural Aboriginal communities of South Australia in relation to injecting drug use and blood-borne viruses;
- a literature review of volatile substance misuse; and
- a review of the appropriateness of alcohol and other drug services for young people in Tasmania.

## Advocacy

### *Aboriginal Family Intervention Project*

ADAC is now running two advocacy services. The first is the Aboriginal Family Intervention Project – a service delivery project run by an ADAC staff member and four volunteer mentors recruited from Aboriginal communities. Funded by the Australian Government Department of Family and Community Services, it deals with ‘hard-to-get’ people – people who are not reached or whose needs are not adequately addressed by other agencies. ADAC’s main role in this project is to advocate for these people. The project officer appears on their behalf at agencies such as the guardianship board, government housing, Centrelink, the courts and the electricity board. He also seeks clothes, shelter, food and medical care on their behalf.

Elderly members of the community have also been involved as clients in the project. Older members of Aboriginal communities are often affected in various ways by the drug use of others – including being left to take care of the young children of drug users. In an effort to better equip them to deal with such problems, ADAC has held workshops for them on substance misuse and related issues.

In June 2002, the project officer and mentors also organised a four-day bush camp for elderly citizens. Eleven people, plus the ADAC staff members, participated. The camp was a huge success and participants had ‘a mixture of fun, education, sharing stories and learning to care for ourselves’.

### *Police Drug Diversion Initiative*

ADAC is a registered assessor for the Police Drug Diversion Initiative, which aims to keep minor drug offenders out of the court system by offering education and intervention services as an alternative to incarceration or fines. This strategy was launched in South Australia in May 2001. ADAC has employed two Aboriginal diversion liaison workers, who are contacted by the Drug Diversion Line when an Aboriginal offender chooses to become involved in the diversion program.

When first apprehended, offenders must be given information about the diversion program by police officers, and the offenders then have the right to elect to enter the program. The ADAC workers make contact with the offenders, explain the program, tell them about the advantages of the program, and may provide transport for them to appointments. The workers may also talk to members of offenders’ families and offer brief interventions including culturally-appropriate information materials. When necessary, the workers will refer offenders to relevant services, and will also monitor their progress as they undergo detoxification, counselling or rehabilitation. In addition, ADAC and DASC were contracted in July 2002 to provide assessor training to organisations across South Australia.



## Achievements

### Representation and collaboration

ADAC is successful in that it has achieved success in positioning itself on the national arena and has successfully secured itself at a State level.

*(former DASC project officer)*

According to a majority of the people interviewed for this report, among ADAC's greatest strengths is its high public profile, which has led to many of its achievements. Much of the credit for this must be given to the director, who is tireless in his commitment to promoting ADAC and its interests and concerns. ADAC has representation on 16 State and 12 national substance misuse committees, councils and working groups. These include the Australian National Council on Drugs, the Alcohol Education and Rehabilitation Foundation, the National Aboriginal Health Council and the National Education Advisory Committee. The director of ADAC is also the elected chairperson of the National Indigenous Substance Misuse Council.

ADAC's public profile and its influence are enhanced by its involvement in the planning and management of various State and national substance misuse conferences. It was represented on the planning committee for the third International Conference on Drugs and Young People in Sydney and was invited to be on the committee for the fourth conference in New Zealand in 2003. It is on the planning committees for APSAD conferences and, in July 2002, ADAC hosted the annual NISMIC conference in Adelaide. ADAC also works closely with several mainstream organisations. These include DASC, with which it signed a memorandum of understanding in 2002. DASC and ADAC periodically employ each other's staff and have staff sit on each other's selection panels.



ADAC chairperson Isobel Norville receives a plaque from chairperson of the DASC board Richard Wilson to formalise their collaborative arrangements

### Quality assurance program

ADAC prides itself on its continual quest for self-improvement, and this is evidenced in a current project that aims to make the organisation more disciplined and accountable. ADAC, in conjunction with Quality Management Systems, is managing a national quality assurance (QA) program funded by OATSIH. The program aims to meet recommendations for quality improvement that resulted from OATSIH's review of the quality and extent of work performed by Indigenous substance misuse organisations. ADAC is also a participant in the program, along with four of its member organisations – the Aboriginal Sobriety Group (ASG), Kainggi Yuntuwarrin, Dunjiba and Kalparrin. These organisations are aiming for full quality assurance accreditation by the end of 2003.

Participants in the program can select the type of standards they want to achieve. ADAC is focusing on documentation, reporting and collection of statistical data. Through improved documentation and reporting strategies, the QA process allows organisations to demonstrate that they are meeting community needs. According to ADAC's



chairperson, the QA project is helping ADAC and member organisations become more accountable. She said it was not unusual for organisations to bend the rules to help people, but often that was detrimental to the organisation:

Community organisations want to do so much for people but you can kill them with kindness. At Kalparrin, we sometimes bend the rules as much as we can to accommodate individuals, but you can't keep on doing it because it can kill an organisation. At Kalparrin, because of QA, standards have increased.

DASC's senior manager of policy and planning said the QA process had already made ADAC 'a very much more professional organisation'.

## Social accountability

### *Newsletter*

ADAC publishes a newsletter three times a year which – budget permitting – is distributed free of charge to every Aboriginal household in South Australia (about 2000 homes). The newsletter is also sent to all OATSIH-funded organisations. It usually contains an overview of current projects, details about recent and forthcoming conferences, general information about relevant alcohol and other drug issues, and excerpts by each staff member about their latest activities and experiences.

### *Website*

ADAC has developed and maintains a website that provides electronic copies of annual reports, project reports, the newsletter, manuals and posters. Most resources can be downloaded free of cost. The website includes a brief history of ADAC, its mission and vision; staff profiles; and information about current and completed projects. In addition, there is an opportunity for people to email the organisation with comments or questions, or to request information. The website is updated three times a year. The ADAC director said the resource was popular and generated many requests for information.

### *Independent committees*

Most projects undertaken by ADAC have steering committees or reference groups to help guide them and make sure they are conducted appropriately and in keeping with deadlines. Having independent bodies to report to also ensures that staff regularly document the progress of projects. The director said that steering committees and reference groups were essential to keep projects running:

We've found the job doesn't get done if there's no steering committee. Employees have to have something to report and provide to the steering committee. If you don't have a steering committee, the project just flounders along.

Many ADAC staff members have regular working contact with communities and most staff members are also on the committees of various Aboriginal organisations. Information about ADAC's activities is fed back to communities through these activities. A fax stream to member organisations has been set up by ADAC as part of the QA process. ADAC faxes any advertised funding information to all member organisations, and has mailed Alcohol Education and Rehabilitation Foundation funding kits to all its member substance misuse organisations. The fax stream facilitates regular exchanges of information and helps maintain communication lines between ADAC and its constituents.

### *Media*

ADAC's director is often interviewed by local and national media about substance misuse issues. He said in the lead-up to the 2002 Drug Summit in South Australia, and during the event, he and his staff were in demand by the media:

I believe this is indicative of ADAC achieving one of its goals; we have credibility in relation to Indigenous substance misuse issues, with local, State and national media contacting us for comment.

## Future directions

### Looking towards a future leader

The high public profile of ADAC's director is very much the driving force behind the organisation, and his membership on numerous State and national committees helps to spread awareness of ADAC and helps it achieve its goals. However, while the director's nationwide recognition has its obvious advantages, it comes at a price. ADAC's chairperson said the organisation would not collapse if the director left, but concedes 'there would be a hole'. ADAC would indeed be handicapped by the director's departure, and perhaps it would be in the organisation's best interests to groom one or two other Indigenous employees for the top position, handing over to them some of the director's responsibilities and encouraging them to stand for committee memberships in his place.

At the time of writing this report, the second-in-charge is a non-Aboriginal man. This is a bone of contention for some member organisations, which believe that this position should be filled by an Aboriginal person. ADAC has a policy of hiring qualified people for the job regardless of their heritage. However, in the event of the director leaving, it would stand ADAC in good stead with its members, and with the wider community alike, to have a skilled and experienced Aboriginal person ready to take the helm of such a well-renowned, Aboriginal community-controlled organisation.

## Clarifying its role with members

A former DASC project officer who worked closely with ADAC on various projects from 1997 to 2002 claimed ADAC's involvement in the national arena was taking its focus away from State-based issues, and as a result the organisation was losing touch with its own members. This person said there was growing disquiet among members who felt ADAC was not supporting them. This was strongly echoed by the Aboriginal Sobriety Group, which criticised ADAC for furthering its own interests to the detriment of its constituents. ASG's program director said ADAC was first and foremost a support agency for its members, but ASG and other community groups believed ADAC was under-performing in that role. The program director also felt that ADAC was becoming a threat to his organisation because increasingly it was competing for funding to provide service delivery projects, which it did not have a mandate to do:

ADAC is a peak body, not a service deliverer. ADAC should be supporting us and other members, not competing for our funding. All Aboriginal drug and alcohol services should be provided through the member organisations, not by ADAC. ADAC has minimal contact with us and other organisations. I think there should be more contact with us; they should be coming to us more often. Currently, if we want help, we have to go to ADAC – they are not in regular contact with us.

DASC's senior manager of policy and planning agreed there was a polarised view of ADAC within the Indigenous community. While the organisation on one hand was lauded for its contribution to the fight against substance misuse, on the other hand it was criticised for not meeting the expectations of some of its members. But this person defended ADAC for providing service delivery, saying that there were occasions when ADAC was the only suitable candidate.

ADAC's director points out that ADAC is not essentially a service organisation. Its role is in the delivery of education, training, research and health promotion. However, on occasion it has provided services that no other organisation offered and for which it felt there was a clear need. ADAC's chairperson said the organisation had no choice but to act when it saw a need:

We fill in the cracks. It's not our role to do this or that, but there are big gaps. We meet needs no one else is filling.

## Conclusion

ADAC was established with a noble vision: to strive towards a future in which Aboriginal communities will be living happy, healthy and high-quality lives – free from the harmful effects of substance misuse through unity, respect and self-determination.

To achieve this vision, ADAC will need to address the issue of a suitable replacement for its leader, who for almost a decade has been the energy behind ADAC's vision. It may also need to revisit its original objectives or, alternatively, rework these in an effort to address the disquiet of some of its member organisations. There are some individuals and agencies who believe ADAC's ties to its member communities have weakened and become subordinate to its national interests. While this assertion is not without truth, it must be weighed against the wider benefits that the director's presence on the national stage brings not only to ADAC and its constituents but to the Indigenous population as a whole.

ADAC may still be finding a balance between fulfilling its role as a support agency for South Australian Aboriginal communities and acting as an advocate for all Aboriginal people, but, regardless of this, the organisation's prolific work in the field of substance misuse is evidence that ADAC is determined to build a world as close to its vision as possible.

## Elements of best practice

**Good collaboration:** ADAC has a high public profile derived from strong networking, established partnerships, and inclusion on numerous State and national committees.

**Self-improvement:** ADAC is striving to better itself by participating in an ongoing quality assurance program which aims to make the organisation more efficient and accountable.

**Social accountability:** Information about ADAC's programs and activities is easily accessed through its newsletter, website and regular community appearances.

**Strong leadership and staff development:** ADAC is driven by a committed and energetic leader who encourages staff members to further their skills and knowledge.

# 4. WuChopperen Health Service Ltd: Drugs, Alcohol and Other Substances program

## Humble beginnings

WuChopperen (meaning ‘place of healing’ in the Wik Munkan language) Health Service Ltd is an Indigenous community-controlled health service for Aboriginal and Torres Strait Islander people in Cairns and the surrounding region. At the time of the 2001 Census, the Cairns ATSI region had a total population of about 181,000 people of whom about 16,500 were Aboriginal or Torres Strait Islanders. Suburban Cairns itself had the highest population of Torres Strait Islanders in the country (1814).<sup>21</sup>

WuChopperen Health Service was officially opened in 1981. This followed several years of work by a local health committee and a 1979 regional survey that revealed significant health and social needs among Indigenous people in the region. Fewer than half those surveyed had ever visited a dentist, more than half stated they could not afford medications, and about one-third of the Indigenous population was deemed homeless. At the time, the Australian Government was not prepared to fund an Aboriginal Medical Service, so the Northern Health Association – an association of volunteer doctors and other concerned community members – approached the New South Wales Teachers Federation, the Christian Medical Commission in Geneva, and the Far North Queensland Land Council for funds to establish a clinic. The clinic commenced with a Maori doctor – provided through the National Aboriginal and Islander Health Organisation – and two Aboriginal nurses.<sup>22</sup>

WuChopperen Health Service has grown considerably from these humble beginnings. At the time of writing, it employed 75 staff members, all but 16 of whom are Aboriginal (44) or Torres Strait Islander (15). Indigenous people hold eight of the ten managerial positions. The Service in Cairns consists of two main divisions, the Clinical Services Unit and the Health Programs Unit. They are located on the same site in separate buildings – the former in the ‘Reef Centre’ and the latter in the ‘Rainforest Centre’. The names of these buildings reflect the environmental wonders for which Cairns is internationally renowned – the Great Dividing Range covered in dense tropical rainforest and the Great Barrier Reef.

WuChopperen has also established health clinics in Innisfail, Mareeba, Kuranda and Atherton. Two of these – the Mamu Health Service in Innisfail and Mulungu Aboriginal Corporation Medical Centre in Mareeba – are now autonomous services. When the services were incorporated, WuChopperen provided training to staff and board members on the establishment of formal policies and procedures. Along with other Indigenous health services, WuChopperen has formed the Northern Aboriginal and Torres Strait Islander Health Alliance. According to one staff member, this alliance ‘has made us think more strategically at a local and regional level’.

## WuChopperen Health Service: objectives and activities



WuChopperen Health Service's Reef Centre

### Objectives

The objectives of WuChopperen Health Service are:

- to provide essential quality health services to improve the health outcomes of Aboriginal and Torres Strait Islander peoples;
- to collaborate with other organisations to improve health outcomes;
- to collect data and conduct research to inform planning and program development;
- to promote knowledge and understanding of Indigenous issues to enhance holistic well-being;
- to formulate and implement community development principles to assist people to address their own health needs;
- to undertake activities that address the socio-economic disadvantage that impacts on health status; and
- to relieve poverty, sickness, suffering, distress, misfortune, disability and helplessness within Aboriginal and Torres Strait Islander peoples.

### Range of activities

To achieve its ambitious objectives, WuChopperen provides a range of services and activities aimed at the holistic health needs of Aboriginal and Torres Strait Islander people in the region. As mentioned previously, these services are provided by two units: the Clinical Services Unit and the Health Programs Unit.

#### *Clinical Services Unit*

WuChopperen's Clinical Services Unit provides comprehensive medical and oral health services. A wide range of medical and dental staff, nurses, health workers, technicians and administrative support personnel deliver these services. While these services form a significant part of WuChopperen's services, they were not the focus of our study.

#### *Health Programs Unit*

The Health Programs Unit conducts a range of specialised programs that address the needs of all members of the community. These programs include: Eye Health, Women's Health, Men's Health, Child Health, Hearing Health, Sexual Health, Diabetic Clinic, Social Health Unit, and Health Promotion for Youth. These programs provide counselling and support services that address the social and emotional needs of individuals, couples and families. Within the Health Programs Unit, the Social Health team conducts a number of specialist programs and projects. These include:

- the Stolen Generation Program, which addresses the needs of people removed from their families, and includes 'Link-up Queensland', which assists members of the Stolen Generation to find their families;
- the Intensive Family Support Project, which helps to address family support and childcare issues in the community;

- the Family Support Project, which focuses on improving parenting skills and family relationships;
- the Young Boys Cultural Program, which aims to strengthen emotional health and identity through culturally based activities;
- Project 300, which is a State-wide program to enable clients released from institutions to live in their own communities; and
- the Drugs, Alcohol and Other Substances program.



WuChopperen's Social Health team

## Drugs, Alcohol and Other Substances program

The main aim of the Drugs, Alcohol and Other Substances program (DAOS) is 'to assist in the delayed uptake and reduction of tobacco use, alcohol and other substances in the Aboriginal and Torres Strait Islander population in Cairns and surrounding district'. DAOS was established in 2000 with a three-year grant from the Australian Government Department of Health and Ageing's National Illicit Drugs Strategy and its Office for Aboriginal and Torres Strait

Islander Health. Funding is also received from the Queensland Government's Illicit Drug Diversion Initiative to provide assessment, education and brief intervention for individuals committing minor cannabis offences. This initiative attempts to divert first-time offenders away from the court process to early intervention and prevention programs. Until 2003, when it received four-year funding from the Alcohol Education and Rehabilitation Foundation to employ an additional worker, DAOS was staffed by one person – the project officer.

## DAOS objectives

The objectives of the DAOS program are:

- to assist in the delayed uptake and reduction of use of tobacco, alcohol and other substances in the Aboriginal and Torres Strait Islander population in Cairns and surrounding districts;
- to provide counselling and support for young Aboriginal and Torres Strait Islander families in the areas of physical, social and emotional health;
- to coordinate and deliver in-service tobacco, alcohol and other drug education to staff and health facilitators;
- to collect data, conduct research, educate and deliver training to assist Aboriginal people and Torres Strait Islanders to address their health needs; and
- to collaborate with other related organisations to address the health needs of Aborigines and Torres Strait Islanders.



## DAOS services

As indicated in the previous section, one of DAOS's objectives is 'to provide counselling and support for young Aboriginal and Torres Strait Islander families in the areas of physical, social and emotional health'. If clients presenting to counsellors in the Social Health Unit raise concern about alcohol or drug problems, specialised assistance and counselling are sought from the DAOS project officer. In most cases clients are given counselling for their substance misuse problems. However, other services can be provided, including home-based detoxification, support in finding places in residential treatment programs, group relapse-prevention work with the State-based alcohol and other drugs agency, and integrated case management.

A local youth worker regularly refers some of his clients who have substance misuse problems to DAOS for counselling. There is no formal agreement between his agency and the Service, but DAOS is often the preferred agency:

I prefer to bring the Indigenous kids here, as they're more comfortable, the service is more appropriate. Basically because it is Indigenous and the services are altogether. There's no formal agreement but we use the most appropriate service, and this is a community service.

WuChopperen's achievements in the provision of non-residential treatment services were the reason it was included in this project. However, we found that the alcohol and drug intervention services available at DAOS go far beyond this. As well as providing non-residential treatment services, DAOS provides various preventive and training services. These services include the development of health promotion resources and sourcing of other promotional material, and alcohol and other drug intervention training for staff within WuChopperen and other agencies.

WuChopperen also participated in the pilot study of the effectiveness of brief tobacco intervention training for workers in primary care settings which was developed by Queensland Health.<sup>23</sup> WuChopperen's role in the project was managed by the DAOS project officer who provided training and prepared a 'smoke-free' workplace plan. The training was provided to many of the Clinical Unit staff (including medical officers, registered nurses and health workers) at WuChopperen and the Atherton clinic. Part of the project officer's role included acting in a support and advisory capacity – when required – for WuChopperen clients with problems in this area. WuChopperen also provided staff and a venue for the filming of a video demonstrating motivational interviewing techniques which complements the brief intervention training package.

## Achievements of the DAOS program

Just as the small things can be big obstacles, they can also be the big successes for such a small program. When asked about the successes of the DAOS program, key informants identified three main achievements: actions to address volatile substance misuse in the community; the development of culturally-appropriate health education resources; and integrated case management, including the introduction of a home-based detoxification program for substance-dependent clients. Factors that have contributed to these successes include supportive, strengths-based work with quality staff, and reporting requirements for the program.

### Action on sniffing

Volatile substance misuse by Indigenous young people in Cairns was a growing concern to local communities and DAOS responded with a number of related actions. With the financial assistance of the Aboriginal Student Support and Parent Awareness committees from several local schools, the DAOS project officer developed a pamphlet *Sniffing: Risky Business*, which provided practical information about sniffing and its consequences. The DAOS project officer also organised and facilitated the Cairns Inhalant Action Group (CIAG), consisting of local community groups and service providers who together developed locally-appropriate strategies to tackle sniffing. One positive result was CIAG's success in lobbying the media to report on sniffing in a less sensationalist and

more responsible manner. Another positive outcome of CIAG's lobbying activities was the voluntary restrictions introduced by local distributors on the sale of, and access to, volatile substances. While evidence is not yet available about the impact these actions have had on levels of misuse, community concerns have been reduced and confidence in tackling difficult health and social issues has been boosted.

### Development of promotional resources

Another success of the DAOS program has been the development of a culturally-appropriate and location-appropriate educational kit, which was released in January 2003. The kit includes a video, *The Brotherman 'J' Show: Choices and Consequences*; a CD of a song entitled 'Want to be more deadly', which was written and recorded by high school students involved in the project with the assistance of a local musician; and a discussion guide incorporating alcohol and other drug information. DAOS developed the video with the close involvement of local Aboriginal and Torres Strait Island high school students. It is designed to open discussion about drug-related issues – particularly those related to cannabis – with Indigenous youth in far north Queensland. The main aim of this resource is to reduce or delay uptake of substances including alcohol, tobacco and cannabis. This has still to be evaluated, but both WuChopperen and Queensland Health see the resource itself as a major achievement.

## Integrated case management of home-based detoxification clients

In response to community need and an acute shortage of detoxification beds in Cairns hospitals, in January 2003 DAOS introduced home-based detoxification for substance-dependent clients. Assistance to help clients detox at home is provided by the project officer – who is a registered nurse – with the support of WuChopperen Health Service doctors and Social Health team staff.

After clients are detoxified, the Social Health team continues to provide ongoing support for them while they are in residential rehabilitation. Having access to doctors, a registered nurse and support workers, the Social Health team is able to provide effective case management for individual clients. In one example, a place for a client, who had been detoxed at home by the DAOS project officer, was secured in a non-Indigenous residential rehabilitation facility. However – in a collaborative arrangement that ensures she continues to receive culturally-appropriate care – the client visits WuChopperen weekly for medical treatment and counselling. She said of her experience:

They got on the phone and phoned a lot of places, everywhere was full or wouldn't take me ... They helped me to detox ... She was around every morning taking my daily obs, then I got into [residential treatment]. I still get all my counselling and medical here at WuChopperen – they're fantastic.

The manager of the Social Health team is positive about the success of the detoxification program:

The home detox clients were very much unexpected. The RN background of [the project officer] has been a great advantage, as she's a link between the medical and social health teams.

Despite its perceived success, however, provision of the service is limited and it is not actively promoted. Home detox clients require high levels of access to staff – including throughout the weekend and after-hours – and WuChopperen does not have sufficient staff to meet this requirement without placing excessive workload levels on the DAOS project officer. Nevertheless, WuChopperen is committed to collaborating with other agencies to meet the demand for the service and recently the project officer made approaches to Queensland Health's Alcohol, Tobacco and Other Drugs Service to seek assistance in the co-management of clients over weekends.

## Elements of success

### Supportive, quality staff

The success of DAOS, according to its project officer, is dependent upon the support of the entire staff of the WuChopperen Health Service. Within the Social Health team, staff work to encourage and develop each other's strengths, and are highly supportive of each other. Unit and program staff work well together as a team and this is assisted by professional development work. As the unit manager said:

It's important to me as the manager that we spend time building team processes.

Like many other successful programs, DAOS depends upon the knowledge, skills and enthusiasm of individual staff members – in this case, the project officer. In fact, what is so striking about WuChopperen's DAOS program is that so much has been achieved by one individual with so few resources. Having a nursing background, plus specialist knowledge of alcohol and other drugs, has been a significant advantage for the project officer. Sharing that expertise with others has been just as important. As one staff member, who has been working closely with the project officer, said:

She's been a real positive influence on me and other staff. She's really supportive.

### Reporting system

A further strength of the program is WuChopperen's reporting system. Each program coordinator reports client statistics daily, and their activities monthly, to the unit manager. This provides the unit manager with an overall picture of the operation of each program, and allows monitoring of fluctuations in client movements. It also enables

some comparison of the work of each staff member. Project officers also prepare all reports required by external funding agencies. For the DAOS project officer, this is seen as advantageous as it necessitates a constant performance review of the extent and nature of the services being delivered.

### Obstacles that have been overcome

The biggest obstacle faced by DAOS has been the lack of staff and funding for projects. As indicated previously, for much of its history the program has had just one worker, the DAOS project officer. This has severely constrained the scope and extent of program activities. In spite of this, however, DAOS has created a high-quality service which focuses on what is achievable, rather than what is not. Involvement in successful community campaigns – such as the Cairns Inhalant Action Group, and well-publicised promotions such as the health education kit – demonstrates what can be achieved with highly motivated people and limited resources.

The appointment in February 2003 of a full-time substance misuse worker – funded by the Alcohol Education and Rehabilitation Foundation for four years – will help to overcome this obstacle. The fact that the new worker is Indigenous will assist with a second obstacle identified by some respondents. The project officer, though universally acknowledged as highly qualified and credible, is not Indigenous and she herself understands the need to have skilled Indigenous people delivering services in this area.

## Future directions

The expansion of DAOS' services will depend upon its ability to attract further resources and staff. For example, the home-based detoxification service cannot be promoted until it has more than one worker to provide a 24-hour service. It remains to be seen if the demand for this service develops sufficiently for a persuasive case to be put for additional staff.

The latter point is related to the broader issue of demonstrating the effectiveness of DAOS' activities. No formal external evaluation has been undertaken of any of the projects, largely because this has not been budgeted for, nor are there staff to undertake such work. In future, the project officer would like to see evaluation built into all new projects so that their effectiveness can be demonstrated to clients, workers and external funding bodies. This will enable WuChopperen Health Service and the programs it provides to build upon the positive contribution it has made to the health of Aboriginal and Torres Strait Islander peoples in the Cairns region for more than two decades.

## Elements of best practice

**Quality staff:** The DAOS project officer is well qualified and brings a great deal of energy and commitment to the program.

**Strong leadership:** The DAOS project officer has brought skills and expertise to the program, which she readily shares with all staff members.

**Team work:** Although for much of its history DAOS has had only one worker, WuChopperen employees across various program areas work together as a team; exchange information and ideas; and help develop each other's individual strengths.

**Rigorous reporting requirements:** All WuChopperen program staff report on client statistics each week, and report monthly to the manager. Project officers prepare their own external funding applications in an effort to maintain self-accountability.

# 5. Milliya Rumurra Alcohol and Drug Rehabilitation Centre

## Introduction

Milliya Rumurra Alcohol and Drug Rehabilitation Centre is located in Broome, in the ATSIC region of Kullari, on the north-west coast of Western Australia. The centre's main facilities are located on a shaded 15-hectare site a few kilometres from town. This site has nine buildings to accommodate residential staff and clients, an administration block, a kitchen/dining area, program room and recreation room. In the centre of Broome, Milliya Rumurra runs a sobering-up centre called Walangari, or 'place where drunken people come'. Mostly, people in Broome refer to it as 'the sober-up shelter'.

For most Australians and international visitors Broome is probably best known as a tourist destination, famous for its pearling industry, sparkling Cable Beach, luxurious resorts and occasional visiting celebrities. However, Broome has also had a fascinating multicultural history, showcased in Jimmy Chi's musical *Bran Nue Dae*, in which Indigenous people and their varied freshwater, seawater and desert cultures have been central.<sup>24</sup> From the earliest European settlement, Indigenous people have worked in and around Broome, sometimes leaving for education and training 'down south', but usually returning to take up jobs in the town. Today Broome remains a vibrant, diverse community and a focus for many industries in which Indigenous people are represented – tourism, art and culture, music, and health and community services.

## History

Milliya Rumurra reflects this history and many local people have been involved in the organisation – as staff, committee members or clients – since it was established in 1978. When asked why 'Milly', as it is known, first started, people recalled the concern that local Indigenous people had about the increasing toll that alcohol was taking on the community. They talked about widespread drunkenness and drinking in the streets and on ovals and sportsgrounds. People noticed the health effects of alcohol abuse, particularly the increase in alcohol-related road accidents, but also illness and premature death among previously healthy people. The social consequences of heavy drinking also worried them – family violence, disrupted schooling for children, and the impact on families when the lives of people who were once respected members of their communities became increasingly dysfunctional.

A meeting between these local people, the police, magistrate, churches and other interested people led to the decision to set up a steering committee to put together a strategy to deal with alcohol. In the words of one man, they 'begged and borrowed' buildings, shacks and demountables and set them up on their present site, leased through the Aboriginal Lands Trust. At the time, there were few formal underpinnings to the treatment, and no qualified or trained staff:

You just went in there with the intention of helping people, no technical approach, just counselling, conversation, support, help to sort out the issues.  
(former worker)

The sobering-up shelter was established in 1999 after the Royal Commission into Aboriginal Deaths in Custody recommended the creation of safe places for intoxicated Indigenous people.<sup>11</sup> It was seen as a natural extension of the residential treatment program by an advisory committee of stakeholders including the hospital, police, Kullari Patrol, the Ministry of Justice, the State Department for Family and Children's Services (now the Department for Community Development) and Milliya Rumurra staff.

Today there is widespread recognition that Milliya Rumurra is a very different organisation from that started more than 20 years ago. One of the most controversial changes is the movement from an abstinence-based program only, to one that incorporates a harm minimisation approach for those people who want to continue drinking. For some, particularly older people who were associated with the early days of the organisation, this was a disturbing development. Others, however, took the pragmatic view that the reality of heavy drinking environments and the difficulties of remaining abstinent in these settings required a more flexible approach.

Milliya Rumurra staff have been careful to stress that different approaches work for different people, and that, for some people, remaining alcohol-free is the only solution. Certainly many of the anecdotes about Milliya Rumurra's successes relate to those people who stopped drinking under the Alcoholics Anonymous (AA) model of the past.

The focus of Milliya Rumurra's activities is the residential treatment program and the sobering-up shelter, but the organisation has also been involved with a community development program and an outreach service. While each of these activities is related, they have somewhat separate objectives.

## Rehabilitation program

For the residential rehabilitation program the current objectives are:

- to promote safe drinking practices;
- to stop injuries and other harm caused by the misuse of alcohol;
- to strengthen family relationships and social environments; and
- to raise the health and quality of life of people who abuse alcohol and their families.

While these objectives cover much of what Milliya Rumurra does, the coordinator believes they are in need of an overhaul. They do not reflect, for instance, the increasing incidence of cannabis and other illicit drug use among clients, or issues to do with the comorbidity of substance misuse and mental health problems. Like all other dynamic organisations, Milliya Rumurra will need to re-visit both objectives and strategies over time.

## Entrance to the program

To gain entrance to the residential program, clients need to have substance misuse as their primary presenting problem. At times the centre is approached by people who are staying in Broome temporarily and who see Milliya Rumurra as emergency accommodation, but it is made clear to them that this is not the purpose of the facility. Clients also have to be willing to go through detoxification at the local hospital, and this is sometimes a hurdle for people who want immediate access to the centre. The point being made by Milliya Rumurra staff is that successful completion of the three-month program depends upon the state of readiness and motivation of the client, and these steps towards admission sort out those who may not yet be ready to make such a commitment.



In 2001–02, 93 clients were assessed and referred to the three-month residential program. Of these 77 (83 per cent) were Indigenous, two-thirds of whom were male and one-third female. The overwhelming majority of clients (44 per cent) were self-referred, with others referred by the Ministry of Justice (17 per cent), North West Mental Health Service/Drug Service Team (11 per cent), Department for Community Development (11 per cent), Aboriginal Medical Service (6.5 per cent), Aboriginal remote community (6.5 per cent), hospital (4.2 per cent) and other sources (1 per cent).<sup>25</sup>



Milliya Rumurra staff and clients relax during a recreational fishing trip

## Program outline

To achieve program objectives, clients have to commit themselves to a structured three-month residential program. Clients and their immediate families can be accommodated at the centre, which has a capacity of 25 people. On arrival they are individually assessed by one of the three counsellors who works through their substance misuse histories with them, and how their issues will be addressed by the weekly program. On Mondays and Fridays clients voluntarily attend anger management sessions run by the Department of Justice. On Tuesdays and Thursdays clients participate in a health education program which outlines the health and social harms of alcohol and other substances, and a social learning program which encourages clients

to address issues such as assertion. These are conducted in classroom-type situations and accompanied by videos, information sheets and teacher guides. Recreational activities are scheduled for Wednesdays, and the centre has a number of vehicles (buses and four-wheel-drives) for transporting people on hunting and bush outings, and a dinghy for fishing trips.

Childcare is available to parents attending education and counselling sessions. As well as these structured sessions, clients and their families have access to one-on-one counselling on request and other support to help them re-establish their lives outside the centre. Many people have chronic health problems associated with their drinking, and centre staff assist with the identification and treatment of medical, dental and mental health problems while clients remain at Milliya Rumurra.

## Staffing

Seventeen permanent staff and other casual staff are employed to manage and run the rehabilitation program. These include the manager/coordinator, counsellors, other program staff, bookkeepers, receptionist, gardeners, cook, childcare workers and night-watchman. Twelve of the 17 permanent staff members are Indigenous. Although the centre aims to employ as many Indigenous staff as it can, the demanding nature of the work and the remote location of Broome make it hard to attract and retain qualified people. As the coordinator said:

It would be nice to have all Aboriginal staff, but the reality is that in 2003 we're not there yet. We're trying to attract good, skilled counsellors and case managers and it's difficult enough to get people who can deal with grief and loss, family problems, sexual abuse and anger management ... It's a very demanding role.

## Evaluation

Evaluation of the rehabilitation program's success is not easy. Currently the main measure the centre judges this on is the number of completions of the three-month program. As the coordinator says, completion for many clients is a considerable achievement:

There's a misconception about rehabilitation – that clients walk in with a whole lot of problems and walk out with all the problems solved. We try to get people to accept that a lot of work needs to be done by them. Some people have been drinking 20 to 30 years; it's unrealistic to turn this around in three months. One client has been here seven times, and is currently abstinent. Lots of clients say that there's so much content in the program, they don't get it the first time – especially those people with literacy and numeracy problems.

Of the 93 clients who commenced the three-month residential program in 2001–02, 25 (27 per cent) completed 9–12 weeks, a further 17 (18 per cent) completed 13–16 weeks, and three (3 per cent) remained for 17–20 weeks.<sup>25</sup> Before leaving Milliya Rumurra, all clients should have a Discharge Summary Plan, which outlines support for them in the community and any follow-up offered, or planned, between counsellors and clients. Although staff mentioned that clients are encouraged to complete formal evaluations, in addition to the Discharge Summary Plan, before leaving Milliya Rumurra, currently no such requirement is written into instructions for counsellors, and evidence on client evaluation is not recorded in the annual report.

## Follow-up

There are no resources to follow up clients to see if they have either remained abstinent or reduced the health and social harms from their substance misuse through time. However, Milliya Rumurra's AA program is run from 'the sober-up shelter' on Tuesday mornings each week, followed by the first weekly session of the Health Education Program. This provides an opportunity for ex-clients and other community members to maintain contact with Milliya Rumurra staff. It is not known how many people take advantage of this opportunity. Broome is a small community, however, and there are anecdotal reports of transformed lives. A local Indigenous person who had previously been associated with Milliya Rumurra said:

They've had some good successes, my brother attended Milliya Rumurra. I've also had a best mate and another man who all went through while the program was AA-oriented. I know half a dozen people who really stopped [names one local person]. I know another man in [a northern town] who has been through Milliya Rumurra and is now a level 5 officer in [a State government department]. They've had some really good successes, but I don't know how successful harm minimisation has been. We need to look at that.

## Walangari sober-up shelter

Milliya Rumurra was awarded the tender to manage the newly established sobering-up shelter in August 1998 and the first clients were admitted in March 1999. An advisory committee of stakeholders including the hospital, police, Milliya Rumurra, Kullari Patrol, the Ministry of Justice, and the then Department for Family and Children's Services was formed to direct the founding of the shelter. It is located centrally in the town of Broome, opposite the prison. The shelter can accommodate 18 males and 14 females and accepts clients from 8 pm until 1 am, Tuesday to Friday. Apart from the dormitories, male and female bathrooms, kitchen and laundry, the shelter has a large dining/multi-purpose room.

### Objectives

The objectives of the sobering-up shelter are more narrowly focused than those of Milliya Rumurra as a whole, and are in line with the recommendations of the Royal Commission into Aboriginal Deaths in Custody, namely:

Reduce the number of intoxicated people detained in police custody; and reduce injuries, damage and community disturbances caused by intoxicated people.

### Admission

Clients are admitted in a variety of ways. Overwhelmingly they present themselves at the shelter; others are delivered by the Kullari Night Patrol and by the police. When admitted, clients have access to showers and a bed, and are kept under half-hourly observation. Overnight their clothes are laundered and they have breakfast before leaving in the morning. The shelter is not funded for any activities other than basic accommodation. Accordingly, the work consists almost exclusively of attempting to manage the intoxicated clientele safely.

## Staffing

The shelter is staffed by a coordinator, four carers (two female and two male) and additional casual staff. Three of the five permanent staff are Indigenous and all must have Senior First Aid Certificates and a police clearance. Prior to obtaining additional funds for casual staff in 2001, two carers were often responsible for 20–32 people each night. In 2002, figures prepared by the Western Australian Drug Abuse Strategy Office (WADASO) – the shelter's funding agency – show that average admissions per day for each month of the year varied from a high of 25 in March to a low of eight in July.<sup>26</sup>

Shelter staff are initially trained at Milliya Rumurra in anger management and how to treat clients. They are encouraged to refer people for admission assessment for Milliya Rumurra, and some clients are referred in this way. However, according to the coordinator, the admission requirement of a five-day detoxification at the local hospital deters many people and it is not known how many people move from the shelter to the residential rehabilitation program.

### Evaluation

If the achievements of the shelter are measured in terms of its objective to keep intoxicated people out of detention, it has been very successful. Since its establishment in 1999, the number of Indigenous people incarcerated fell from 173 in 1999, to 99 in 2000, and 33 in 2001.<sup>26</sup> However, most people in the town would like to see the shelter operate for longer hours, especially on weekends. The coordinator claims a 24-hour/7-day-a-week service is warranted, as is an additional vehicle and driver for hospital visits. Currently, when clients are ill, shelter staff have to call an ambulance for transport.

## Community development

In addition to its residential rehabilitation program, Milliya Rumurra has also attempted to broaden its mission to include prevention work in remote communities. This came about when staff were approached by a remote community which was experiencing wide-ranging problems with heavy drinking, in spite of the fact that the community was putatively 'dry'. Community members suggested that staff from Milliya Rumurra travel out to the community and assist them in establishing and maintaining alcohol and other drug initiatives. Instead, the coordinator suggested that key stakeholders from the community, and their families, commit to a one-month residential program at Milliya Rumurra, specifically designed for their needs.

## Objectives

The objectives of the program were: to examine problems associated with relapses of those who had sought help for their drinking; and to build and help maintain a support network, such as a drug action group, in the community in order to deal with individual and group issues relating to alcohol and other drugs. Program content was based upon work developed by similar Indigenous programs elsewhere, with some additional spiritual content.

## Program

The program started in 1998 with 14 adults and five children. These numbers declined the following year to 10 adults and six children, and in 2000, its final year, seven adults and three children participated. In 1999, two communities were included in the program and the content was expanded to incorporate greater cultural content, in accordance with community members' wishes.

## Evaluation

As the coordinator noted, the key to the success of this program was what was going to happen once people returned to their communities. For some time, one community member assisted in monitoring the progress of those who had participated in the program. According to that person, some people had returned to their previous drinking patterns, but the majority was involved in the drug action group. However, the group was lacking a local person who would act as a leader, as no one was willing to take on this role. Subsequently, alcohol-related problems in the community escalated and Milliya Rumurra did not have the resources to provide continuing support. However, the coordinator is hopeful that the program can be resurrected and is planning to approach various agencies for funds to undertake this.

When asked about the reasons for the failure of the local group to sustain itself, a number of issues were identified. One was the absence of a paid, local, trained professional to help strengthen the group. All of the participants were volunteers and much of the maintenance of the group devolved to a local non-Indigenous person. It was difficult for community members to maintain motivation and they were subject to ridicule and found that difficult. It became clear that a whole-of-community approach was needed in order to engage with and inform community members, and to negotiate mutual expectations of the program within the community. Another issue was the problem of representation, with tensions between those people with higher literacy levels who were more likely to be on council, and the elders in the community. These are issues for all communities, and acknowledgement of the complexity of community approaches towards alcohol and other drugs is an important first step.

## Outreach

In the past Milliya Rumurra has attempted to extend its services through the employment of an outreach worker. When first initiated, the focus was West Kimberley communities, but with some servicing of the Broome town-site as well. It was intended that the worker would visit West Kimberley communities and educational settings, and respond to wider community requests for assistance with substance misuse issues. However, funds for the program allowed for the employment of only one person, who found that alcohol and drug-related issues in the Kimberley were beyond the capacity of one individual to deal with. There were also occupational health and safety issues for a sole worker travelling long distances without access to a phone.

In spite of the fact that both the community development and outreach programs were not sustainable in the long term, the objectives of both programs are still important to Milliya Rumurra staff. They recognise that, unless they contribute to broad community-based prevention and interventions, they cannot make an enduring impact on alcohol and drug problems in the Kimberley region.

## Achievements

Many features of Milliya Rumurra are shared by other successful agencies or services. However, there are a number that stand out – particularly when viewed over the lifetime of the centre's operation.

### 'Being there': a sustainable Indigenous presence

Milliya Rumurra can count many achievements over its years of service to Broome and surrounding communities. Foremost among these, perhaps, is simply 'being there' – enduring over more than 20 years through changes in staff, committee members, funding crises and in philosophy. This ability to sustain itself through difficult times sends two powerful messages: that in the Kimberley region individuals with alcohol and other drug problems know they have somewhere to go to do something about their problem; and that Indigenous people can manage and maintain a reputable service acknowledged by the Indigenous and non-Indigenous communities alike.

### A competent Indigenous service

While many people who have come into contact with the centre frequently acknowledged the first factor, the second factor was only implicitly recognised by most of those interviewed. However, as one funding agency representative said of the centre, 'being well regarded in a setting where most things get bagged' is no small feat. This should not be under-estimated in the evaluation of Indigenous services, as local communities are accustomed to Indigenous people working in relatively junior roles in mostly government-funded agencies.

## A positive commitment to Indigenous health

In the wider community there are strongly held views about the alleged mismanagement of community-controlled organisations, so those Indigenous organisations that have made a long-term contribution to the health and welfare of their local communities provide an important positive role model. In many communities where employment opportunities for Indigenous people are extremely limited, these agencies are sometimes the biggest employers of local people.

## Flexibility of approach: abstinence and harm minimisation

Organisations with longevity are frequently those that are able to adapt to the turbulence of changing policies and practices in government and the broader community. Milliya Rumurra has demonstrated this adaptability most obviously by the transformation of its fundamental orientation from an exclusively AA approach to one that includes harm minimisation. When the centre started in 1978, its founders believed that the only appropriate way to deal with alcohol misuse was for people to abstain from drinking completely. This view was in line with the popular conception that alcohol misuse is synonymous with alcoholism – that is, people who drink at harmful levels are by definition alcohol-dependent. This was also a strong view among many Indigenous people reared in Christian missions, who believed that total abstinence represented the only safe and moral path forward.

Contemporary understandings of alcohol misuse in general, and Indigenous drinking in particular, have led to a more complex appreciation of drinking behaviour. While some individuals are indeed dependent upon alcohol and will need to abstain completely in order to live satisfactory lives, many are able to control their drinking depending upon their personal and social circumstances. It is people within these groups, who are likely to be younger, for whom harm minimisation messages are more likely to be persuasive.

## Broadening the program for a holistic approach

Other aspects of the centre's program have changed through time. The simple health education program dealing with the health and social harms of substance misuse, with which the centre first started, has been broadened to include:

- a living in harmony program, addressing personal and social issues to do with the promotion of more harmonious relationships;
- skills training, including budgeting, communication, assertion, self-care, motivation and coping in the community;
- a feelings program, encouraging clients to identify and deal with feelings of sadness, gladness, madness, loneliness and being scared;
- stress management; and
- art therapy and creative skills.

Like the harm minimisation approach, this new focus incorporates contemporary understandings about the complex personal and social reasons for substance misuse.





Art classes are part of Milliya Rumurra's holistic approach to rehabilitation

## Intersectoral collaboration

### *Overcoming past legacies*

One of the hallmarks of most successful organisations is the relationships or partnerships they are able to forge with others in their communities. In this respect, Milliya Rumurra has been remarkably successful. To understand the scale of this achievement, one needs to know something of the history of Indigenous organisations in general, and the centre's history in Broome in particular. Historically, although many Indigenous organisations have received the support of some non-Indigenous individuals and agencies, their relationships with the wider community have frequently been strained. Organisations with meagre resources, few trained staff and overwhelming levels of need in communities are often struggling to present themselves as efficient and competent. Add to this the high turnover of non-Indigenous staff in remote areas, and it is difficult to establish, let alone maintain, productive working relationships with relevant agencies. All these factors influenced the operation of Milliya Rumurra in earlier years.

### *A wide collaborative network*

In recent times, however, Milliya Rumurra has established relationships with virtually every agency in Broome, including: the hospital (where prospective clients are referred for detoxification); the North West Mental Health Services (with which it has a memorandum of understanding for dealing with clients with the dual diagnosis of substance misuse and mental health problems); the State's Department of Justice (which contracts the centre to assess clients in custody for possible placement); the State's Department for Community Development (particularly in cases where children are at risk of removal due to parental substance misuse, and the centre is contacted to provide a place for a family); the Kimberley Drug Service Team (for collaborative training and cross-referrals); the local prison (which sends prisoners to the centre for assessment and counselling); and the women's refuge and men's outreach program (with which centre staff case-manage clients), among others.

This web of relationships works both to familiarise Milliya Rumurra staff and clients with the objectives and activities of many agencies, and to educate other workers in the town about the centre's operation. The longstanding nature of some of these relationships makes it easier to deal collaboratively with problems when they arise, and they embed Milliya Rumurra more firmly in the mainstream community, as well as with Indigenous people.



## Outward orientation

### *Staff recruitment and program development*

Related to this is an outward orientation with respect to all aspects of operation – staffing, programs and funding. When recruiting employees, Milliya Rumurra has sought the best qualified, while still endeavouring to include a high proportion of Indigenous people. Its programs draw upon knowledge and experience developed by acknowledged experts in the alcohol and other drugs field, including similar Indigenous organisations elsewhere in the country. With funding too, there has been a diversification of the base, although this brings with it increased complexities in terms of accountability requirements. As the coordinator wryly noted:

It would be nice to have one funding agency, one quarterly report and one BAS [Business Activity Statement] – but that's not the real world.

### *Becoming connected at the State and national level*

Increasingly Milliya Rumurra is becoming connected to a wider network of people and organisations involved with Indigenous substance misuse. For instance, the coordinator has been involved in the development of the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan*,<sup>5</sup> and is connected to the National Indigenous Substance Misuse Council. The centre has also been involved at the State level with alcohol and other drug work for rural and remote communities. These relationships allow centre staff to hear about State and national Indigenous substance misuse issues, and how other organisations are coping with challenges such as staffing and funding.

### *Making the most of local contacts*

The orientation to the world outside the centre is also apparent in the way in which Milliya Rumurra staff, especially the coordinator, confidently interact with Broome's diverse communities. This was noticeable in the comfortable relationships demonstrated between the coordinator and other informants in the town. This ease means that future difficulties, as they arise, are much more likely to be shared due to the widespread understanding that the centre in general is doing good work, and the staff, in particular, are respected.

## Good governance

In part, that respect is based on recognition that the centre is well run. Certainly we were impressed with the management structure and the policies and procedures that have been built up over the years of operation. There are clear lines of reporting through to the coordinator, and staff seemed to be generally well informed about these. A Policy and Procedures Manual sets out detailed instructions for administration, counselling and grounds staff, and outlines specific procedures for the residential services and clients. All staff meet regularly on Monday mornings. This provides an opportunity for staff members to report to others about developments in their area, raise issues or problems, alert each other to client movements or special circumstances, and for the sharing of general information.

## Obstacles that have been overcome

### Unpredictable funding

Like other successful organisations Milliya Rumurra has had to deal with many difficulties along the way. Being able to overcome these, or at least work around them, has contributed to its longevity as an organisation. From the time of its establishment, Milliya Rumurra has struggled to gain predictable funding which would allow it to operate appropriately, and over the long term. This has meant that some programs have been initiated, raising expectations in the community, but then have been discontinued due to the cessation of funding. Although no public funding is certain, the centre's current reputation as a fiscally responsible organisation provides some protection against the vagaries of changes in funding policy. As one informant said:

Compared to many other similar organisations in Australia, Milliya Rumurra deserves a gold star.

### Attracting and keeping good staff

Attracting and keeping any staff, let alone qualified people, has been a continuing challenge for the centre, as it is for organisations in rural and regional Australia as a whole. While Broome is an attractive town and has a reasonably well-developed public and private sector providing employment, the town does have a large transient population and high rates of staff turnover. This situation is exacerbated among organisations such as Milliya Rumurra where the work can be very stressful. In addition, unlike public sector employers, Milliya Rumurra cannot

offer subsidised accommodation and the wages and other conditions of employment make it difficult to attract highly qualified staff. However, in spite of these limitations, the current coordinator has been managing the centre for six years, and other staff have been there for some time. This continuity provides an important reference point for new staff members.

### Managing the factions

Council governance for Indigenous community organisations is sometimes problematic because of the small pool of committed individuals who are called upon to perform many civic duties. Another issue is the tendency for organisations to be dominated by particular family groups. Both of these factors have been part of Milliya Rumurra's history, but the centre has managed to maintain a functioning council with some members having links since the earliest days of the centre.

### Promoting the approach

One of the main challenges that Milliya Rumurra has overcome is opposition to its incorporation of harm minimisation principles in the approach to treatment. This has not been easy, and many people continue to express their scepticism about the efficacy of controlled drinking for Indigenous people. However, despite this, most people interviewed seemed prepared to acknowledge the need for the rehabilitation program to be responsive to community demand for diverse approaches to substance misuse problems. Credit for this tolerance must go to centre staff who have broadened the program's orientation without alienating those who believe abstinence is the most appropriate treatment strategy.

## Future directions

Part of every successful organisation's strategy for survival is the acknowledgement of those areas that will require attention in the short or longer term. For Milliya Rumurra these include issues to do with monitoring and evaluation, community-based prevention and intervention, and staff renewal and succession.

## Evaluation

There has been no external evaluation of the centre for at least the past six years, and the monitoring and evaluation aspect of the centre's operation is underdeveloped. All staff need to be encouraged to ask themselves: 'How do I know that this intervention/treatment/counselling is effective?' and 'What indicators are appropriate for this centre/program/community?'

The research literature indicates that few organisations working in the Indigenous substance misuse field measure their effectiveness, or have the resources to do so. This is especially important for interventions such as residential rehabilitation, which are expensive compared to other interventions. Increasingly, organisations in this field will need to justify their funding by demonstrating that their programs are doing more than encouraging people to complete a 12-week course of treatment.

Funding agencies and local communities want to know what long-term impact such intervention has on the individuals who participate and the communities to which they return. What happens to individuals when they leave rehabilitation and have to confront heavy-drinking families and communities? In part, Milliya Rumurra has laid the foundations for this by initiating client evaluations at the end of their time in the program. But much more can be done to

work with staff and funding agencies to establish appropriate measures for evaluation, and how such evaluation might be resourced on a regular basis.

## Community-based prevention and intervention

Associated with this concern is the recognition that residential treatment represents the 'back end' of the substance misuse cycle and proportionately more resources need to be channelled into 'front end' prevention and other community-based strategies, including community strengthening activities, which ultimately lead to improvements in the social determinants of health – education, training, employment and housing. There are also proven strategies, such as community actions to limit the availability of alcohol and other drugs, in which organisations such as Milliya Rumurra can take a leading role. One informant reinforced this view, stating that Milliya Rumurra needs to stand up and be more confident about its role – in effect, say to the community 'we're the experts, we can tell you things'.

## Staff succession

Finally, there is the question of the capacity of Milliya Rumurra to continue should key staff, such as the current coordinator, leave the organisation. Every organisation needs to have a succession strategy in place so that the departure of any staff member does not lead to the collapse of the organisation. Milliya Rumurra staff will need to discuss how the knowledge and skills of the current coordinator might be replaced, either by recruitment from outside or with an internal training strategy that provides key staff members with additional skills. This could be undertaken in a number of ways, including periods of other staff members acting in the coordinator's role, for example.

## Conclusion

Milliya Rumurra Alcohol and Drug Rehabilitation Centre was established when concerned local people in Broome decided they had to do something about the abuse of alcohol in their community. So they begged and borrowed money, buildings and other resources that would enable them to provide a place for intoxicated people to go and try to heal themselves. Despite these humble beginnings, and periods of instability, Milliya Rumurra continues to offer hope to the people of the Kimberley. One local resident with a long-term knowledge of the centre summed up what many people are now saying:

That's why I feel confident about 'Milly' – I see alcohol killing our people, and I want to do something about it.

## Elements of best practice

**Sustainability:** The rehabilitation centre has endured through difficult times and has maintained a strong and respected presence in the community.

**Flexibility:** The organisation has adapted to the fluidity of mainstream policies and procedures by changing its focus from abstinence to harm minimisation, and embracing a holistic approach to treatment.

**Collaboration:** The organisation has been successful in establishing and maintaining relationships with almost every agency in Broome, and is represented on State and national bodies.

**Good governance:** There is a sound management structure; established policies and procedures; and good communication between staff, management and the council.

**Qualified staff:** Milliya Rumurra seeks the best-qualified staff, while endeavouring to include a high proportion of Indigenous employees.

# 6. Council for Aboriginal Alcohol Program Services Inc.

## History of the organisation

The Council for Aboriginal Alcohol Program Services Inc. (CAAPS) in Darwin stands out in its field as an example of how a charitable entity set up by non-Indigenous agencies has turned itself, through the determination and passion of Aboriginal people, into one of the country's leading Indigenous community-controlled alcohol and other drug intervention services. Established in 1984 by the Darwin dioceses of the Catholic and Anglican churches and the Uniting Church's Aboriginal Advisory and Development Services, CAAPS started out as an attempt to integrate substance misuse programs previously conducted separately by these organisations. As Peter d'Abbs noted in a 1990 review of the organisation, these programs had been primarily directed at 'tribally oriented' people from former mission communities and focused on alcohol misuse and petrol sniffing.<sup>27</sup>

Equally important to the organisation was a commitment to helping not just individuals but entire families affected by substance addiction. CAAPS' philosophy then, and now, is that the misuse of alcohol and other drugs can be treated more holistically and effectively by involving the whole family in the recovery process. This approach stemmed from the organisation's adoption of the Minnesota Model: a treatment model that originated in the United States in the 1940s and was modified by the Holyoake Centre in Perth. The Holyoake program makes extensive use of family systems and concepts and emphasises the need to develop clients' sense of self-responsibility.

At its inception, CAAPS' entire staff and programs were funded by the three churches and their agencies. Accommodation for CAAPS' treatment program was first provided by the Uniting Church at the Gordon Symons Hostel in Winnellie, in Darwin's outer south-east. The 20-room hostel was available to clients participating in the treatment programs being run at the centre, and clients came from the mission areas in which the churches historically had been involved. These were East Arnhem Land (Uniting Church), Central and West Arnhem Land (Anglican Church) and Tiwi Islands and Port Keats (Catholic Church). A large number of clients were picked up from Darwin, where they had come to visit and had become trapped in a cycle of alcohol or other drug dependence.

A founding member, Roger Sigston – a non-Aboriginal man – was CAAPS' first director and headed the organisation until 1991, when CAAPS was incorporated. This was a defining moment in CAAPS' history for two reasons: first, because the council forfeited assistance from the churches to assume total financial and managerial control of the organisation; and second, because the organisation recognised the importance of having an Indigenous person at the helm. An Aboriginal woman was appointed director and went on to lead the organisation for seven years.

During this time, CAAPS relocated to the suburb of Berrimah on the south-eastern outskirts of Darwin after the Northern Territory Government gave the organisation land on Boulter Road under the conditions of a special purpose lease. CAAPS expanded its programs to include training in alcohol and substance misuse interventions and community-based fieldwork. After the departure of the Aboriginal director, Roger Sigston returned to the position while the council searched for a new leader for the organisation. An Aboriginal woman, Kim Gates, who was a CAAPS employee at the time, was chosen for the position and for the next 12 months worked as an assistant to Roger Sigston. The reins were handed to Kim Gates in May 2002, and Roger Sigston stayed on as a consultant for another year to ensure the hand-over went smoothly.

Today, the Berrimah site remains the base for all CAAPS departments and operations and, since the opening of these premises in August 1997, the organisation has come a long way in establishing itself as a leading Indigenous entity in the Northern Territory. It has evolved in a relatively short time from a joint treatment project between churches in the Top End to an independent community-based organisation addressing, in a culturally-appropriate manner, the wider social and emotional problems of alcohol and drug misuse.

## Objectives

CAAPS aims to provide a family and community-based substance misuse service that offers prevention, treatment, outreach, education and after-care programs for Indigenous people and families in urban and remote communities in the Top End of the Northern Territory. The objectives of CAAPS are:

- to provide care and support services to Aboriginal and Islander persons, families and communities who are affected by addiction to alcohol and other drugs and substances and related problems;
- to assist Aboriginal and Islander persons, families and communities who are affected by addiction to alcohol and other drugs and substances and related problems to achieve a quality of life consistent with Aboriginal and Islander culture, spirituality, law and tradition; and
- to provide resources and support services in the treatment of addiction to alcohol and other drugs and substances among Aboriginal and Islander persons, families and communities.

## Governance and membership

Membership of CAAPS is open to:

- both Aboriginal and non-Aboriginal people who maintain a sober lifestyle and who adhere to the policies, procedures and practices of the organisation; and
- nominated representatives of the National Uniting Aboriginal and Islander Christian Congress of the Uniting Church and the Darwin dioceses of the Catholic and Anglican churches.

Unlike most Indigenous organisations, CAAPS is incorporated under the *Corporations Act*, not the *Aboriginal Corporations Act*. This means that non-Aboriginal people may be elected to the council; however, under CAAPS' constitution, two-thirds of the council must consist of Indigenous people. People wishing to join the organisation need to complete an application form, which must be approved by the council.

At the time of writing, CAAPS had about 150 members. According to the director, prior to restructuring of the organisation – which occurred after the departure of the organisation's second director – it had about 500 members, but most of these made no active contribution. Members are now required to contribute to the organisation in some way. Mostly, members come from communities across the Top End but also include CAAPS employees, students and workers in communities. CAAPS maintains informal links with its members through the workings in remote communities of the Catholic, Anglican and Uniting churches.

CAAPS is governed by a council of 12 people elected by the wider membership. Of the 12 council members, three must come from among members of each of the three church bodies. Of the three from each church body, there must be at least one Aboriginal male and one Aboriginal female. The other three members of the council must be Aboriginal people living in Darwin and the surrounding area who are elected from candidates nominated by the membership living in that area. Again, at least one of these three must be male and one must be female.

The council meets on a quarterly basis but has an executive committee or board which meets every month, with the exception of the months when the full council meets. When asked how active the board is, the director laughed and said:

I've never had to cancel a board meeting because we've had no quorum. My previous experiences with other organisations were that it was exceptionally difficult to get management committees to meet on a regular basis.

On the same subject, one of the Aboriginal board members said:

Some of the [council] members from the communities don't say much, but they listen and take things back to their communities. They know what it's all about.

Members of the council meet regularly with staff and clients – both formally and informally – but do not interfere in the day-to-day running of the organisation. Employees and council members alike understand the importance of maintaining a balance between casual relationships and a professional system of governance. Council members with complaints or suggestions must consult the director rather than discuss the issues directly with staff members or clients.

Recognising that council members 'need to be on top of things', CAAPS provides training for them in terms of their responsibilities and provides them with literature setting out those responsibilities. Some board members have completed courses conducted by CAAPS' training department. An example of how CAAPS strives to help new council members is the way the organisation deals with financial items on the council agenda. The organisation provides council members with colour-coded account summaries to help them make sense of often-complicated matters.



## Strategies to meet objectives

The organisation as a whole has a Policy and Procedures Manual, as does each department within it. Policies are binding directions endorsed by the board and council which all staff members are required to follow, and procedures are statements of what staff members should do to meet the requirements of a particular policy.<sup>28</sup> All formal communications between departments are recorded.

CAAPS provides a number of services, each of which is run by a separate department with the support of an administration team. These departments are Treatment, Hostel, Community-Based Fieldwork Programs and Training.

### Treatment

CAAPS' treatment program is abstinence- and family-based. The program aims to assist people with alcohol and other drug-related social and personal difficulties. Although single people are admitted to the program, CAAPS prefers to take clients who are accompanied by their partners or immediate families. Single people seeking admittance to CAAPS are often referred to the Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties (FORWAARD). FORWAARD – referred to as a sister agency by some CAAPS staff – is Darwin-based and conducts programs, and has facilities, exclusively for single people. According to the manager of CAAPS' treatment program, having families involved in the program reduces worries for the clients:

Families are our main business. We've moved away from individuals. If families come in, the clients get support while they are here and they're not so reliant on the counsellors. Couples and their kids also support each other.

Potential clients are referred to CAAPS from a variety of sources. These include Community Corrections, Anglicare, Centacare, medical clinics and substance misuse workers in Top End communities. To facilitate such referrals, CAAPS has developed a referral form to be completed by the referring person or agency. When completed, this form provides: personal information on clients, their partners and their children; brief histories of clients' alcohol or drug use; any medical, legal or financial problems; whether clients have any pending legal, medical or other appointments; and clients' reasons for applying for admission. If it is not possible to obtain a completed referral form for a particular client, the information is sought from the referring agency.

When a person has been referred to CAAPS, the next step is to conduct an assessment of his or her suitability for admission. Again, CAAPS has developed a comprehensive form to record the information on which the assessment is made. This information includes: the interviewer's details; client details such as date of birth, family situation, address and contact person; referral details; history of alcohol and/or drug use including sobering-up shelter and previous treatment program admissions; physical condition; mental health history; urgent legal, medical and financial problems; and the client's reasons for seeking admission to the program. If the person is in the greater Darwin area, these assessments are made by CAAPS staff. If the person is in an outlying community, the assessment is made either by a suitable person from the community or over the telephone by a CAAPS staff member.

Previously, one of the conditions of admission was that clients must have been alcohol- or drug-free for the previous 48 hours. Where clients did not meet this condition, they were referred to either a sobering-up shelter or

detoxification unit. However, following a recent decision in the Northern Territory to replace residential detoxification services with 'outreach detox', CAAPS now offers its own alcohol detoxification program. A CAAPS outreach detoxification team will visit people who are in need of this service. Once they are treated, CAAPS allows people time to settle in before admitting them to the treatment program.

CAAPS' treatment department's Operations Manual provides a detailed check-list of the procedures to be followed when clients are admitted.<sup>29</sup> These procedures include registration of clients; informing them of the rules of participation; the signing of treatment contracts between clients and CAAPS; and referrals and introduction to CAAPS' Dolly Garinyi Hostel. The treatment program itself is a 'continual program' – clients do not have to wait for the commencement of a six-week program but can enter treatment at any time.

The treatment program consists of a number of elements. These include an awareness program; counselling; Alcoholics Anonymous (AA) meetings; exercise sessions; and various activities and recreation. These elements are conducted according to a specified timetable from Monday to Friday, with Saturday set aside for client outings and Sunday for rest and visitors.

The awareness program is conducted on weekday mornings between 10 am and noon and includes education, discussion and group work – with time for meditation and recitation of the 'serenity prayer'. As mentioned above, the awareness program is of six weeks duration and includes sessions on: chemical dependency and its consequences; grief and stress; recovery; cultural identity; culture, alcohol and drugs; anger management; relapse prevention; and 'making choices'. In some sessions, men and women work

together, and in others – such as those on men's and women's business – they work separately. The men's and women's awareness programs are run in parallel with a specialised program for children. According to the manager of the treatment program, a stronger emphasis on traditional culture and identity is now an important part of the weekly schedule:

We're bringing a lot more culture into it [the program]. We're setting aside a week. We use cultural facilities and bring in people from the communities to talk so that clients can see where culture fits into their lives ... It's always been part of the program, but we've expanded on it.

After lunch and a rest period from noon to 2 pm, the options sessions are held. On Mondays and Tuesdays activities in these sessions include basket weaving, painting, land care, sewing and cooking and cultural craftwork. On Wednesdays, Thursdays and Fridays respectively, these times are set aside for guest speakers chosen by the clients, recreation and shopping. Counselling sessions are held for individuals, couples and families. These are held in the afternoons and clients can make appointments to see the counsellors between 1 pm and 5 pm each weekday. AA meetings are held at CAAPS on Friday evenings between 6.30 pm and 9 pm, and at FORWAARD on Thursday evenings. Clients may attend either.

The awareness program includes a program for the dependent children of clients, who are also brought into the cultural activities. While at CAAPS, these children do not attend school – an issue of concern to the staff of some government agencies with whom we spoke. A spokesperson from one agency said:

The lady that looks after them isn't a school teacher. If the kids are here a week, that's okay, but if it's longer they may need links to a school.

However, CAAPS' decision not to send the children to school is a considered one. Most children of clients are not attending school in their communities because of their family situations and CAAPS board and staff members consider it more important for them to participate in the program.



CAAPS' treatment program includes art workshops for clients and their families

At the time we visited, CAAPS' treatment program staff consisted of a non-Aboriginal manager, two non-Aboriginal counsellors and an Aboriginal counsellor, and an Aboriginal trainee counsellor. All the staff were well trained and had formal qualifications. The manager and one of the non-Aboriginal counsellors each had university degrees, Certificate III in Community Services: Alcohol and Other Drugs Work, and Certificate IV in Workplace Training and Assessment. Of the remainder, the other non-Aboriginal counsellor had Certificate IV, the Aboriginal counsellor had Certificate III, and the trainee counsellor had Certificate II in Community Services: Alcohol and Other Drugs Work.

On completion of the treatment program, clients are referred to CAAPS' community-based workers who follow their progress once they have returned to their communities.

#### *What counts as success?*

In 2001–02, 156 adults and 57 children entered the treatment program. Of those, 45 adults and 23 children completed the

program. Eighty-one clients were followed up after leaving the program; however, sobriety levels were not recorded. Obtaining accurate figures on the number of people who remain abstinent is problematic because of the difficulties of keeping in contact with clients once they return to their communities. However, according to CAAPS board and staff members, the success of the program should not be determined by statistics alone. While the majority of people who enter the program are unlikely to finish it, or indeed remain abstinent, the organisation believes it has achieved success simply by having people walk through the door:

All clients are 100 per cent better when they leave here than when they come in. If you can get one out of every 10 clients off the grog, you're doing great. If you think you can get 50 per cent, you're dreaming.  
(CAAPS vice-president)

This opinion was backed by an OATSIH spokesperson who said staying at CAAPS was a 'bonus' for clients and their families because it allowed them time out from the stress and problems of alcohol dependency. A worker from CAAPS' community-based program said, even if treatment was not successful in achieving abstinence, it helped raise awareness among clients and educate them about the choices they made. The manager of the treatment program said it was unrealistic to examine the success of the program in terms of the number of people who completed it or who stopped drinking. She said what counted as an accomplishment was how many people entered the program:

Success depends on whose point of view – ours or a government department. Twenty people who are abstinent one year down the track is unrealistic. For us, success is getting people through the door. Then it's through day one, then through day two. To think further is unrealistic.

## Dolly Garinyi Hostel

CAAPS provides accommodation for residential treatment clients and their families at the Dolly Garinyi Hostel. Opened in 1997 (as indicated previously, for the 10 years prior to this, CAAPS provided accommodation at the Gordon Symons Hostel in nearby Winnellie), the Dolly Garinyi Hostel comprises 18 accommodation units, which can accommodate up to 30 clients at any one time. A small number of units can be linked to provide accommodation for larger families. The units originally were made up of a living area, kitchen and verandah, but were recently upgraded to include ensuite ablution facilities. Also, the verandahs were partially enclosed to make them safer for clients' children. When available, some units are also used to house students participating in CAAPS training courses.

The hostel is not simply a place for clients to stay; it is an integral part of CAAPS' mission to provide holistic care and support to people who are affected by alcohol and other drugs. With this in mind, CAAPS' accommodation program aims to minimise the anxieties that can distract clients from participating effectively in the treatment program. It is also structured to ensure clients remain largely self-sufficient, in an effort to make their environment as close to normal as possible. The hostel is located in a semi-bush setting – designed to replicate community life – and provides furnished accommodation and laundry facilities, as well as fresh food for clients and their families so that they can cook for themselves.

People staying at the hostel are required to follow a set of rules that govern responsibilities to themselves and others, and care of the facilities. Clients must pay for their own accommodation (at the time we visited, this payment was \$140 per week) and on entry to the hostel clients sign an agreement for CAAPS to deduct the cost of accommodation from their Centrelink payments. Clients are also responsible for keeping their units and adjacent grounds clean and tidy. Promoting client self-sufficiency – including financial responsibility – is seen as a vital part of the program and is aimed at raising client self-esteem:

Some people say, 'Oh, you got sober because the government paid you'. But the clients are paying for things themselves. It comes out of their payments. I say to them, 'You're not sober because of the government; you did it yourself.' It gives them their dignity back.  
(CAAPS hostel manager)

The hostel program is overseen by a manager whose duties include responsibility for:

- the provision and management of hostel accommodation;
- the care of residential clients and the provision of assistance to them;
- liaison with the other CAAPS program areas and with representatives of service agencies and funding bodies; and
- financial management of the hostel program.

The hostel manager heads a team made up of an assistant manager, a domestic adviser and a driver and support officer. The assistant manager is responsible for monitoring client movements; managing the client financial system; ensuring the supply of goods and services for the hostel and its clients; and ensuring the health and welfare of clients. The domestic adviser's responsibilities include maintenance of hostel accommodation; allocation of items such as linen, crockery and cutlery; and the maintenance of stores. The driver/support officer is responsible for client transport and for client health and safety on excursions, as well as for the supply of goods and services.

CAAPS does not have funding to employ hostel staff around the clock, so the work of paid staff is supplemented by that of two unpaid after-hours caretakers. These workers monitor the welfare and safety of clients and attend to their incidental needs; monitor the entry and exit of people to CAAPS premises; and provide security for clients and CAAPS property. The caretakers are rostered on duty from 5 pm to 8 am Monday to Friday, and from 5 pm Friday to 8 am Monday. In exchange for their services, the caretakers are provided with accommodation and food at the hostel.

One striking aspect of the hostel program is the rigorous way in which procedures are documented. Recognising the importance of providing secure accommodation, anticipating problems that might arise for clients and ensuring duty of care to both clients and

staff, CAAPS has developed a comprehensive operations manual. The manual includes sections on client care; maintenance of facilities; staffing; and occupational health and safety issues. Client care sections include a client care ethics statement to which staff must adhere; suggestions for building mutual respect and trust between staff and clients; and detailed outlines (in some cases, including flow charts) of procedures such as client admissions and discharges and financial arrangements. Facilities maintenance sections include schedules for inspection and maintenance, and the keeping of repair and maintenance schedules. Staffing and occupational health and safety sections include topics such as detailed duty statements for all staff members, staff-client relations and dealing with aggressive clients.

In 2001–02, 364 treatment clients and training students (including children of clients) resided at the hostel. According to the hostel's manager, Dolly Garinyi is a crucial component of CAAPS' whole treatment process, because it offers a safe and comfortable refuge from people's daily problems, as well as encouragement for clients to reclaim responsibility for themselves and others:

We help clients recover their natural dignity. You can see it in their eyes. They come in. You see the shame. They're sick. We take care of their health problems. We give them good food. Their health picks up. They get sleep. It encourages them. They get into a regular pattern. They look after themselves.

## Community-based fieldwork program

When CAAPS' community-based fieldwork program began in 1991, it provided referrals to the treatment program for people from Top End communities, as well as after-care support when clients completed treatment. This initial focus has since been extended and program staff now provide a range of services including:

- intervention counselling;
- assessment and referral for people in the local Darwin region;
- assessments and referrals through the courts, prison and hospital; and
- promotion of CAAPS service.

The community-based fieldwork team consists of a program coordinator, two outreach workers and a worker for the Supported Accommodation Assistance Program (SAAP), which began in 2001. The team regularly visits camps and other dwellings in the Darwin and Palmerston areas, conducting brief interventions and assessing people for suitability for treatment. A majority of the team's referrals are to CAAPS' treatment department, but it also refers people to other agencies in the Darwin area, such as FORWAARD and the Salvation Army.

The team strives to build relationships with other agencies so that people can be offered treatment options. It also dedicates a lot of time to establishing relationships with people in the communities and those living in Darwin. One team member said although this part of the job was time-consuming, it was critical because it broke down barriers between workers and community members.

Acting on requests from families in the communities, the team also conducts patrols of Darwin three or four days a week to find kin who may be 'missing' in town. The program coordinator said if a potential treatment client is identified, the workers contact the person's family members and encourage them to be involved in the treatment process.

The role of the SAAP worker is to provide intensive support to clients in the crucial six-month period after discharge from the treatment program. This contrasts with the roles of the other team members who follow up clients in the first week after their discharge and again after three months. Primarily, SAAP aims to help clients find hostel accommodation or housing and seek money for associated costs such as bonds. In addition, it aims to support clients who must make the transition back into stressful living conditions often involving domestic violence. To do this effectively, the SAAP worker said it is advantageous to get to know clients while they are involved in the treatment program. Stressing the importance of close relationships between workers and clients, she said:

How can you follow up a client if you don't know them? We have to talk to the clients in treatment. One of the girls from treatment came out with me on Monday. You need to build relationships with clients when they're in treatment.

Reflecting the large amount of work undertaken by the community-based fieldwork team, records show that in 2001–02 the team had contact with 723 people, most of whom had been clients of CAAPS' treatment department. More than 100 of these people had dealings with the SAAP worker.



## Training department

In the 2002 calendar year, more than 500 Indigenous people from Darwin and remote Top End communities received training by CAAPS in substance misuse prevention and treatment. CAAPS is a registered provider of accredited training, delivering courses at its base in Darwin and out in the communities. A majority of students involved in the training program come from remote communities in the Top End. Many have been through CAAPS' treatment department, which refers them to the training unit on completion of their treatment program. Other students are referred to the training department by CAAPS' community-based fieldwork team, which recommends the program to people concerned about the impact of alcohol and other drug misuse in their communities. The remainder of the students are made up of workers from related agencies, community groups and CAAPS' own staff members. CAAPS' training department has six staff members: a coordinator, two course educators, a remote area trainer, a cultural course facilitator and a trainee administration assistant.

Funds for the program are provided by OATSIH, the Australian Government Department of Education, Science and Training, Centrelink and the Northern Territory Department of Education and Training. These funds are used to cover all operating costs as well as meals, accommodation and travel for approved students. Whenever possible, students from out of town are housed at CAAPS' Dolly Garinyi Hostel, but when no units are available on-site, students are booked into hostels in Darwin. The training department offers the following courses.

### *Introduction to Prevention and Treatment of Substance Misuse*

This is a registered short course which can be presented either at CAAPS or in the communities. It runs for 20 hours during one week and is based on CAAPS' Certificate II in Community Services: Alcohol and Other Drugs Work (see below). The course aims to provide students with information and awareness of the effects of alcohol and other drug use on families and communities.

### *Certificate II in Community Services: Alcohol and Other Drugs Work*

A two-year, part-time course, this program is delivered in one-week blocks consisting of 20 contact hours. The mixed-mode delivery includes training at CAAPS, on-the-job and in communities. The course aims to provide students with the knowledge and skills needed to deal effectively with alcohol and other substance misuse in their communities. It has an emphasis on sharing information with family and individuals, and enables students to perform some brief interventions.

### *Promoting Culturally-Appropriate Workplace Practices with Indigenous People*

This five-day course is usually delivered over five weeks and is made available about every six months. Originally developed exclusively for CAAPS staff, the training department has now made it available to treatment clients, the general public and workers from related agencies. The aim of the course is to promote culturally-appropriate procedures for both non-Indigenous and Indigenous people from non-traditional areas. This involves learning about traditional Aboriginal culture and social systems, in particular kinship and the importance of relationships. As part of CAAPS' quality assurance process, it is mandatory for all staff members to complete this course.



### *A Program for Indigenous Family Violence Offenders and Their Families*

This accredited course is designed primarily to cater for professionals working in the field of family violence, and aims to arm workers with skills and knowledge to pass onto offenders in the communities. The 40-hour course seeks to reinforce the view that violence is not acceptable and to challenge behaviours that allow violence to occur. It aims to encourage offenders to be responsible for their own actions, and helps to provide people with the skills to prevent violence occurring. However, at the time of writing this report, CAAPS had not yet obtained funding to run the course. The director said, once the program is operational, it will be held on-site and its target audience will also include CAAPS staff members and individuals experiencing family violence.

#### *Course delivery methods*

There are a number of outstanding methods of delivery that contribute to the success of CAAPS' training program. According to one of the course educators, these methods have made the training program uniquely tailored to the needs of Aboriginal people. First, the department employs group work and group discussion in its courses, in preference to individual presentations from participants. Second, course educators use 'ordinary language' in order to make the subject matter more easily understood by a cross-section of

students. Third, the courses are structured informally, with an ongoing assessment of students' performance during the course taking the place of classroom testing. The course educator said this 'non-aggressive' approach to learning had become an example to other service organisations, with representatives from the police service and other government agencies visiting CAAPS to gain insight into successful training methods. A spokesperson for OATSIH said CAAPS was unique as a training provider because it focused on delivering a holistic education for Indigenous students.

Additionally, CAAPS has begun inviting guest speakers from relevant organisations and community groups to deliver informal lectures to students. These guests have included representatives from Centrelink, Diabetes Australia and the Alzheimer's Association. The course educator said the talks are an ideal way to provide relevant and topical information to students, and also raise their awareness about the types of facilities and services available to them.

On completion of each course, the educators provide participants with a brief questionnaire. Three or four questions are asked about teaching methods, and students are also asked what they liked about the course and what they did not like.

## Administration

A notable achievement of CAAPS is the effort that has been put into ensuring that the organisation's five departments meet regularly and maintain an open system of communication. It is mandatory for all departmental staff to meet once every month, and at times this happens more frequently. Employees interviewed for this report said there was good interaction between all staff. During the monthly meetings, staff members use the opportunity to exchange information and ideas, as well as to revise and improve on policy and procedures. As part of CAAPS' quality assurance accreditation process (see below), the organisation has developed a comprehensive strategic plan and a five-year strategic plan. Both these documents list the organisation's objectives and contain action plans to assist each department in achieving those goals. They also set out clearly the roles and responsibilities of staff and outline staff performance indicators. The plans are reviewed annually and all staff members are included in the review process.

## Staffing

At the time we visited CAAPS, the organisation employed a total of 23 people, distributed almost equally across the four program areas and the administration team. Of these employees, 17 had at least Certificate II in Community Services: Alcohol and Other Drugs Work and 13 of the 17 also had a higher qualification. Of the remaining six employees – several of whom were new – all were undergoing training in Certificate II. Of the 23 staff members, 19 were Aboriginal. The non-Aboriginal employees generally occupy positions in the treatment program or in administration. This is largely because there is an insufficient number of Aboriginal people in Darwin with the qualifications needed for this type of work.

Staff support is important to CAAPS and it is provided in three ways: first, the organisation has a personnel officer who is Aboriginal; second, CAAPS makes use of an employee assistance program based in Darwin which provides counselling to staff on both personal and work problems; and third, there is an informal network between CAAPS staff and the staff of Alcohol Awareness and Family Recovery which gives workers from both organisations the opportunity to talk to and support each other.

All CAAPS staff members are required to undergo basic training and are encouraged to do additional training whenever relevant. Employees we spoke to were unanimous in their praise for the level of training provided by their employer. The hostel manager said even basic training was fruitful because it built confidence in employees. The manager of the treatment program said CAAPS' policy of furthering the skills of its employees in turn motivated staff members to gain higher levels of education. The SAAP worker said staff members recognised that they were privileged to have an employer that took an interest in up-skilling its workforce at no cost to employees:

You don't get put out of a job here because you don't have the skills. The training is excellent ... You don't have to pay to go somewhere else.

## Quality assurance

CAAPS fell off the rails a few years ago. After that, the organisation went into a learning stage ... Quality assurance was introduced.

*(CAAPS finance officer)*

About three years ago, CAAPS found itself suffering from serious financial problems and low staff morale, largely brought about by poor leadership and management. Aware of the adverse effect this was having on the organisation, the council removed the then director and brought back Roger Sigston to help stabilise the organisation. At the same time, the council moved to introduce an ongoing quality assurance (QA) program to help prevent any future risk of mismanagement. The program was developed in consultation with Network Australia in Darwin and involves regular internal audit processes to ensure continuous improvement in customer service; staff competencies; systems and processes; budgeting and budget management; facilities and infrastructure establishment; and stakeholder relationships.

An important part of the QA process is a sound working knowledge of Aboriginal cultural orientation and protocols. To this end, CAAPS council ordered the development and ongoing delivery of the culture program – mentioned above – for staff and key stakeholders. The QA program has also seen the creation of operations manuals for each of CAAPS' five departments, and staff members from these departments are required to review and update the manuals on a regular basis. In addition, the program has helped management identify which staff need to update their skills and has provided opportunities for them to do this. For example, it was found that one employee who had been with CAAPS for many years could not read or write. That staff member was given literacy and numeracy training.

Through the QA program, CAAPS has also enhanced its system of monitoring and reporting. All departmental activities, including inter-departmental meetings, are now recorded and there are monthly reviews of activities. The five-year strategic plan – a combined effort between CAAPS staff, council and stakeholders – was introduced.

CAAPS finance manager said the QA process had made the organisation more open internally, with employees now encouraged to participate in strategic decisions. He pointed out that previously only management was involved in such discussions. He also said that while the QA process was an obstacle for staff in its early stages, it had proved to be instrumental in reviving the organisation after a few bad years:

In the beginning, QA was difficult for staff. They were forever attending seminars and meetings and had to do that on top of their other duties. We had to tell them it would provide benefits in the long term. It has, and there's been a big turnaround in a short period of time.

### Financial accountability

CAAPS provides regular financial reports to its two main funding bodies – the Northern Territory Department of Health and Community Services (HCS) and OATSIH – as well as conducting an independent internal audit every year. In addition, CAAPS must carry out a self-assessment every two years as part of the training provider requirements of the Northern Territory Department of Employment, Education and Training.

CAAPS has also streamlined its methods of external reporting by spending thousands of dollars developing a customised computer database which is used to store and process information about clients. According to the finance manager, the computer program has greatly improved CAAPS' reporting abilities. Representatives of the funding agencies we spoke to agreed CAAPS was punctual and efficient in meeting their requirements:

CAAPS is easy to deal with. They put in reports. Their information is good. They always meet the terms of their contracts. Overall, we're not dissatisfied with what we ask them to do. (*OATSIH spokesperson*)

## Achievements

### Training award

In 2001, CAAPS received the Northern Territory Employer of the Year Award for its commitment to staff support and development, awarded by the Northern Territory Chamber of Commerce and Industry. Money for CAAPS' staff training program is provided by the Australian Government's New Apprenticeships Scheme. As explained by the director:

They pay \$4 or \$5 an hour for each trainee. The money initially went to Centralian College in Darwin as the training agency. The bulk training makes it financially worthwhile. We negotiated with them to let us employ our own trainers on-site and Centralian College paid them.



CAAPS director Kim Gates and former director Roger Sigston with the Northern Territory Employer of the Year Award for 2001

## Funding

CAAPS' positive performance over the years has enabled it to establish solid relationships with HCS and OATSIH, and the organisation now receives recurrent funding from both. However, it has also been successful in seeking alternative funding from agencies such as the Alcohol Education and Rehabilitation Foundation for projects – such as the cultural awareness program and the family program – which have not met the funding criteria established by HCS and OATSIH. According to CAAPS director:

You can't just sit back and rely on the funding agencies you have ... You need to go out and look for money. You can do it if you're a strong organisation. Where I worked before, you just had to take what you could get, as funding sources were limited. Here we've got a good reputation and we can attract resources from elsewhere.

Echoing this, CAAPS vice-president said he believed the organisation was one of only a few that were rarely refused funding.

## Elements of success

### Staff support

Above all, CAAPS must be commended for its commitment to providing a stable and harmonious working environment for its employees. This has been accomplished through a strong focus on staff support and development put in place as part of the QA program. Certainly, the most outstanding area of staff support is in the free workplace training provided by the organisation. The manager of the Dolly Garinyi Hostel saw this as the prime reason behind CAAPS' success as an alcohol and other drug intervention service. He said the training gave staff confidence in themselves and their abilities, resulting in a happy and friendly workplace in which staff considered themselves part of a family, or at the least a close-knit community. Evidence of this can be seen in the organisation's low absentee and staff turnover rates. The administration manager said that, despite the stress that came with the nature of the work, the organisation could boast staff longevity. He said a majority of the program managers had been with the organisation for at least seven years. In turn, this stability influenced CAAPS' ability to attract and maintain a strong client base:

You've got to focus on keeping staff; it keeps the clients happy.

### Good communication

The key to working together in offices and communities is communication.  
*(CAAPS vice-president)*

Without competent administration and leadership, it is difficult for an organisation to retain good staff. In this regard, CAAPS has learnt by past mistakes that an honest and open dialogue between management and staff is the key to acknowledging and reinforcing the importance of all employees. As the vice-president of the board said, CAAPS has in place good relationships between all levels of the workplace hierarchy. There is open and effective communication between the director and the council, and staff and the director. He said a 'flow' of communication between staff, management and the board meant information was readily shared, and was easily accessible.

### Commitment to family and culture

With the introduction of the culture course for staff members, CAAPS reinforced its commitment to raising awareness of traditional culture and social norms. This commitment was first demonstrated by the organisation's policy of accepting only families into the residential treatment program, in an effort to address not just the drinker's problems but a range of social and emotional issues.

It's family-focused. We're not dealing with one person. You've got to think of family problems. We're dealing with families not only individuals. Family members can provide support.  
*(CAAPS course educator)*

Now, the culture course has been expanded and modified to include treatment clients. The program includes a range of hands-on cultural activities such as excursions to museums and art and craft sessions, and the coordinators are planning to construct a ceremonial ground on-site. People involved in the course are referred to by their kinship names and greetings are spoken in traditional languages. The director said an awareness of traditional culture was paramount to the success of the organisation, because a majority of CAAPS clients were people from remote areas who were still very much attuned to their heritage. Also, the focus helped to build self-esteem and a sense of identity among both clients and staff.

## Networking

We see the benefits of working with other organisations. We don't know everything, and we can learn by working with others. (CAAPS finance manager)

CAAPS has established informal links with most service agencies in Darwin, including the Top End Women's Legal Service, Centralian College and Danila Dilba Health Service. It also has formal agreements with Alcohol Awareness and Family Recovery and with FORWAARD. In addition, CAAPS has close ties to Centrelink and the courts: the latter often referring people in the system to CAAPS. According to a spokesperson for HCS, CAAPS collaborates well with other agencies and puts a lot of effort into maintaining informal and formal relationships. One reward that has come from CAAPS' successful collaboration with other organisations has been the sense of belonging to the Darwin community that the organisation now feels, and the overcoming of its feeling of isolation.

## Obstacles faced

The greatest challenge that CAAPS has faced since its inception has been fulfilling the requests of non-Indigenous funding agencies. According to the director, the reporting requirements of agencies such as HCS grew increasingly difficult over time, with criteria for funding becoming more and more difficult to meet:

In comparison to Commonwealth funding, we get miniscule funding from the Northern Territory Government, but they have heaps of outcomes that are difficult to meet. Territory Health provides a much smaller amount of funding than OATSIH but has greater expectations.

In contrast, at the time of writing this report, OATSIH had yet to set performance indicators for CAAPS services. A spokesperson for OATSIH said the agency was reviewing its reporting requirements in light of having no information about CAAPS' success rate for treatment clients. She said performance indicators needed to be put in place to help judge whether the services provided 'value for money'.

Another obstacle faced by CAAPS has been finding a way to defuse conflict that sometimes arises between Indigenous and non-Indigenous staff members. The director said some Indigenous staff were concerned that CAAPS was not providing an ideal service because it employed a percentage of non-Indigenous staff. On occasion there was also tension in the workplace because some Indigenous staff members felt they were working in the shadow of non-Indigenous staff. The director said, to deal with these issues, the organisation had taken a number of approaches, including the compulsory cultural course for staff members (in an effort to promote Aboriginal ways of doing things), a dispute resolution process and allowing Indigenous employees to have the final say on decisions involving cultural sensitivity.

## Future directions

It seems that the primary catalyst for a change of direction in the future will come from pressure for CAAPS to extend its treatment and training services to include drugs other than alcohol. A spokesperson for OATSIH expressed concern that the organisation was not available to chronic users of other substances. This person said Darwin's two primary substance misuse intervention services – CAAPS and FORWAARD – dealt exclusively with alcohol-related issues, whereas there was an immediate need for assistance for other drug users, especially users of volatile substances. She said there had been demands from other agencies that CAAPS expand its focus:

There are not a lot of choices. FORWAARD deals with alcohol; CAAPS deals with alcohol. In Darwin, we've got a core group of male sniffers – a group that 'chromes'. Some of them are over 18. We don't have services to take care of people other than those with alcohol problems. There's no place for kava.

The same spokesperson also claimed that CAAPS' preference for dealing with people from remote communities had resulted in some criticism from agencies and individuals in Darwin. She said CAAPS did not accommodate many people from the city, resulting in only certain groups being able to take advantage of its services. These comments were later disputed by the director, who explained that for a long time the organisation had provided treatment for people affected by drugs other than alcohol, and had attempted several times to set up a 24-hour treatment service for petrol sniffers – but on each occasion requests for funding had been refused. She also said that about 40 per cent of treatment clients were from urban areas, with the remainder from remote communities.

At the time of visiting CAAPS, the organisation had recently become an approved participant in the Northern Territory Illicit Drug Pre-Court Diversion Program, and five employees were being trained as assessors. Under the program, CAAPS is funded to assess first-time illicit drug offenders, as well as provide them with education and treatment options.

CAAPS would like to modify or expand the facilities and programs offered by its treatment service to include young people using drugs. The director said that CAAPS staff had been concerned for some time about the lack of specialised programs for young people experiencing substance dependence. She said CAAPS was considering seeking funding to establish a residential treatment service for young people. It was also in the process of setting up an after-school care program for children in conjunction with two of the local high schools.



## Conclusion

When CAAPS was a fledgling organisation, still largely influenced by the three predominant church groups in the Top End, the philosophy behind its mission to help people was moulded by Christian religious teachings. According to d'Abbs, most descriptions of CAAPS' philosophy at the time began with the assertion that: 'Each person is a unique creation of God, and entitled to a quality of life here and now'.<sup>27</sup>

Since the organisation's metamorphosis from a church-controlled entity to an independent Aboriginal service in the early 1990s, it has shed much of the earlier reference to religion and at the same time sharpened its focus on traditional Aboriginal culture and history. At the very heart of this new sense of identity has been the decision to reinforce the legitimacy and uniqueness of the people it was first set up to help. Importantly, this has been achieved by supporting and developing the skills and knowledge of its own staff members, so that they may be empowered to effectively deal with their clients. It has also been achieved by tailoring facilities and programs to embrace and promote the heritage of people from Darwin and the Top End communities. In this sense, the organisation has deviated little from its original sectarian mission. Now, as then, it strives to create a better world for the people it serves by acknowledging that 'each person is unique and entitled to a quality of life here and now'.

## Elements of best practice

**Staff training and support:** Basic training is mandatory for all staff. In addition, CAAPS encourages employees to undertake further formal training at no cost.

**Secure funding:** CAAPS has established good relationships with funding agencies and, as a result, has security of funding.

**Commitment to family and culture:** CAAPS focuses strongly on traditional Aboriginal culture in an effort to promote self-esteem and a sense of identity among both clients and staff.

**Collaboration:** The organisation has formal or informal links with most agencies in Darwin.

**Self-improvement:** CAAPS is striving to better itself through an ongoing quality assurance program aimed at making the organisation more efficient and accountable.

**Good governance:** The organisation maintains an open and honest dialogue between staff, management and the council, and ensures information is disseminated among all employees.

# 7. Indigenous substance misuse services – towards better practice

The primary aim of this project was to identify the factors contributing to the success of particular Indigenous substance misuse services across Australia. We are bombarded on a daily basis with stories of the devastation that alcohol and other drugs have wreaked in Indigenous communities. Occasionally there are also accounts of particular individuals or communities making a difference by tackling substance issues in their areas. In this report we have tried to provide more substance to these impressionistic accounts. Our visits to the services we describe allowed us to talk in depth with the people working at the grassroots level with substance issues, and to observe the way in which these services are embedded in their local communities. These examples should be read alongside the small but growing list of similar descriptions of the factors contributing to successful Indigenous health services.<sup>30</sup>

## Identifying better practice

As we indicated at the beginning of this report, most people working in Indigenous substance misuse services, those funding them and those who have evaluated them, see the notion of ‘best practice’ as being of limited value when applied to substance misuse projects per se, because of the diverse histories, cultures and situations of Indigenous communities and the fact that organisations conducting intervention projects rarely perform well across all areas of their activities. Instead, it is more fruitful to identify ‘elements of best practice’ that have contributed to the success of intervention. Such elements are more likely to be successfully transferable or replicable than particular projects. On the basis of existing literature and our own experience prior to the present project, we identified the following elements:

- Indigenous community control;
- clearly defined management structures and procedures;
- trained staff and effective staff development programs;
- multi-strategy and collaborative approaches;
- adequate funding; and
- clearly defined realistic objectives aimed at the provision of appropriate services that address community needs.

In part, these elements have contributed to the success of the projects that are the subject of the case studies we have presented in this report. However, the way in which these elements are emphasised differs between cases because of the specific combinations of factors that have led to the formation of each service.

All of the case studies presented are of services with histories of struggle, and staff involved acknowledge the continuing challenges of delivering appropriate services under resource and staffing limitations. Each of the case studies illustrates some of the key factors that have led to their endurance. These include:

- the unique histories and contributions of individual services;
- leadership by key individuals;
- appropriate staff conditions, training and development;
- cross-sectoral collaboration, particularly at the local level;
- social accountability to the broader Indigenous community;
- providing a multi-service operation;
- sustainability of services and programs; and
- allowing Indigenous perspectives to direct services.

These factors are discussed below.

## Unique histories

While it is possible to identify common key themes in the success of services, it is also important to acknowledge the unique histories and contexts of particular services. These histories become embedded in the memories and stories of local people and provide valuable reminders of the struggles involved in creating a service of which the community can be proud.

Tangentyere Council Night Patrol, for instance, is the product of more than 25 years of community activism in Alice Springs aimed at improving the lives of people who were dispossessed of their traditional countries and forced to live in fringe camps on the outskirts of the town. Each of the town camps that the patrol visits houses people who know something of that struggle, through either their own experiences or the stories of others. The night patrol is a powerful symbol of what their people have been able to achieve.

For Aboriginal and Torres Strait Islander people in the Cairns region, the WuChopperen Health Service is not simply a health service created by 'the government' to service their needs. Instead they know that it came into being because dedicated community members believed that existing mainstream health services were not addressing the holistic health needs of Indigenous people in the region. The DAOS program, although a more recent initiative, is linked to this history but, in addition, acknowledges the priority that local people have placed on substance misuse and appropriate services.

CAAPS in Darwin has transformed itself from a charitable organisation set up by non-Indigenous church agencies in 1984 into an Aboriginal community-controlled alcohol and other drug misuse intervention service. Continuity from the early days is maintained by links with the churches in the Top End, and its focus on holistic treatment of families.

All of the case studies presented have similar inspiring histories, which contribute to their status and credibility in their communities. It is not simply the generic characteristics of 'good practice', but the *particular* ways in which their services have come into being that make them successful.

## Leadership

Leadership is a twin-edged sword for any organisation. It is vital to have people prepared to play a leading role in providing a vision for what needs to be achieved, and to be able to maintain the enthusiasm of a core group in order to implement the vision. But leaders also have to be able to attract good people who are happy to work quietly in the background making sure that all of the components of the service are working satisfactorily. They need highly developed social skills so that different sorts of people can be persuaded to work together. These skills are demonstrated by many of the people leading the services we have reviewed.

The director of ADAC in South Australia, for instance, has been described as 'visionary' and a 'mover and shaker' by many of our respondents. The very high profile of ADAC is due, at least in part, to the director's success in getting Indigenous substance misuse issues on the agenda at local, national and international levels. ADAC is represented on 16 State and 12 national substance misuse committees, councils and working groups. Without a dedicated and hard-working secretariat and staff, however, this representation would be impossible. The director encourages staff excellence by enabling them to share his vision for the bigger picture of Indigenous substance misuse.

A different, but no less effective, form of leadership is evident at Milliya Rumurra in Broome. Here the coordinator has concentrated on providing hands-on direction by overhauling virtually every part of the service and setting out clear and transparent policies and procedures for staff to follow. This quietly efficient model of leadership pays dividends in the local community, where respect for the coordinator and his attempts to improve the service spill over to respect for the agency.

## Staff conditions, training and development

All of the services we have described started with very modest budgets, and some of them are still not well funded. However, all of them have had to tackle the central issue of attracting, developing and keeping good staff. This is not easy, as working with people with substance misuse problems is challenging and requires workers who have not only expert knowledge and skills in alcohol and other drugs, but also compassion. This combination is rare and, historically, there have been few qualified people working in the area.

Being able to offer a decent wage to potential employees is important. Tangentyere Council, for instance, has recently been able to increase the salaries of people on the night patrol to full-time award pay. This provides more incentive than the low CDEP payments which many people regard as not worth working for.

Staff training assists people to do their work better, and it also lets them know that their employers value them. WuChopperen Health Service, for example, has acknowledged the specialist nursing and alcohol and other drug skills of the DAOS project officer, and encouraged her to share her expertise with other staff. Others, like Milliya Rumurra, gain access to this expertise remotely, through web-based resources and intensive specialist training of particular staff.

The development of staff means more than just training. It also refers to the opportunities staff have to broaden their horizons inside and outside the organisation. Staff who feel that their attempts to develop themselves are encouraged by their employer are more likely to make a long-term commitment to the organisation. Or, if they decide to leave for other opportunities, they are more likely to use their associations in positive ways that will benefit both their previous and current organisations. CAAPS has demonstrated that it values its staff by continuing staff support and development, acknowledged by its award of Northern Territory Employer of the Year in 2001.

## Cross-sectoral collaboration

A single service provider, no matter how well funded, is not able to provide a holistic range of services for each client. People going into a residential rehabilitation program, for example, do not just need assistance with their addictions. They will probably have other health problems, will frequently have family and other relationship difficulties, and be facing a range of social issues to do with money, housing and employment.

A successful Indigenous substance misuse program, therefore, needs to be connected to a wider network of agencies and services. All of the services reviewed have gradually expanded their interactions with other services. For instance, the Cairns Inhalant Action Group, facilitated by the DAOS project officer at WuChopperen Health Service, brought together concerned community members and other service providers in order to get retailers to voluntarily restrict the availability of volatile substances.

In Alice Springs, the success of the Tangentyere Council night patrol is dependent upon excellent working relationships with the Alice Springs Town Council and the police service, and this has been formalised in memoranda of understanding. Important, too, are relations with the Drug and Alcohol Services Association (DASA), which operates the local sobering-up shelter. Although most people picked up by the patrollers are returned to their home, the night patrol and DASA recognise their common goal of reducing alcohol-related harm in the town.

Milliya Rumurra in Broome now has formal or informal relationships with the hospital, Mental Health Service, Department of Justice, Department for Community Development, Kimberley Drug Service Team, prison, women's refuge and men's outreach program. This has ensured a more seamless transfer of clients across these multiple services.

CAAPS is similarly well connected with most service agencies in Darwin, including the Top End Women's Legal Service, Centralian College, Centrelink, the courts and Danila Dilba Health Service.

## Social accountability

Indigenous health services have more complex forms of social accountability than many other health services. These community-controlled organisations have an explicit commitment to their local Indigenous constituencies and have to manage complex webs of relationships in the governance of their operations. For instance, Tangentyere Council's executive committee comprises three representatives of each independently incorporated town camp, each of whom must be formally recognised as residents by their own communities. In addition, the organisation acknowledges the need to have community representatives who can deal with men's business and women's business separately.

For other organisations, maintaining accountability to the Indigenous communities they service requires other strategies. ADAC sends a newsletter to every Indigenous household in South Australia three times a year, informing readers about current projects, past and forthcoming events, broader alcohol and other drug issues, and messages from individual staff members about their activities and experiences. The newsletter is also available on ADAC's website, which has downloadable annual reports, project publications, manuals, posters and details of events. People accessing the website are encouraged to contact ADAC for any further information, and many do so.

In the case of the WuChopperen Health Service, efforts to enhance community representation included the allocation of three of their 10 positions on the board of management to representatives from their outreach clinics until those services were operating autonomously. They also held alternate monthly board meetings between Cairns and clinic locations. This ensured that representation was spread socially and geographically.

## Multi-service operation

A common feature of all of the services discussed is that they are part of multi-service operations. The Tangentyere Council Night Patrol is located in the social justice division of Tangentyere Council's social services department, one of more than a dozen departments ranging from youth services to architectural design. These services grew organically as Tangentyere Council recognised that town camp residents needed more than the houses it had built at the beginning of its operation. Now, the social justice division includes four intervention services – the night patrol, a day patrol, remote area night patrol and a wardens program.

The DAOS program at the WuChopperen Health Service is located in the Social Health Unit, which offers a diverse range of social and preventive health programs. These include counselling and tracing services for members of the Stolen Generation, intensive family and parenting support, assistance for people emerging from institutions and general counselling for emotional and social well-being.

CAAPS, too, provides a range of services (a treatment program, hostel, community-based fieldwork programs and training) in pursuit of its objectives. The advantages of such multi-service operations are many. For clients there is greater ease accessing a range of related services. For staff there is a cross-fertilisation of knowledge and skills across programs. Finally, for the organisation there is the security (and additional work!) of multiple sources of funding, which may protect vulnerable services, at least in the short term.

## Sustainability

Sustainability is a term with many meanings, and financial, social and ecological dimensions. Here we refer to sustainable services or programs as those that:

- have endured over many years;
- have ongoing funding for their core operations;
- integrate their programs into broader service delivery activities inside and outside the organisation;
- have policies and procedures in place to ensure good practice;
- plan for staff succession; and
- are acknowledged by the wider community for the service they provide.

While few organisations or programs would claim they meet all of these criteria equally well, all recognise the need to work at each one.

A sustainable Indigenous organisation does not simply act as a reliable service provider; it also carries the hopes and dreams of the wider Indigenous community. Fundamental to sustainability is a secure funding base, and this issue has plagued Indigenous community-controlled organisations since their early beginnings. All of the organisations discussed here started with minimal external funding, and many have endured 'fits and starts' to their development because of the short-term nature of some funding. Although many spoke of the difficulty of administering multiple funding sources, the ability to attract funding from diverse agencies for many different purposes has been an important survival strategy for many. Most continue to struggle with an



inadequate recurrent funding base, relying on program-specific grants to maintain some continuity of staff and services. This means that many people working in these organisations are not financially well rewarded for what is complex and stressful work.

However, sustainability is not simply dependent upon the funding base. For Milliya Rumurra in Broome, enduring for more than 20 years through crises of funding, disputes among committee members, and changes in philosophy from an exclusively abstinence-based model to one incorporating harm minimisation has great symbolic importance. It shows the Indigenous and non-Indigenous communities alike that Indigenous people acknowledge the problems some have with alcohol and other drugs, and that they are capable of running a reputable service to help address these problems.

## The Indigenous perspective

Above all else, the services these case studies highlight provide a powerful focus for Indigenous voices – voices that have something important to say about the lives of Indigenous people in this country. These voices are not simply speaking about substance misuse, but about the history and context of that misuse. Although all health services now claim to be working within a social model of health which acknowledges the multiple factors contributing to good health, Indigenous services, in particular, insist upon this holistic understanding of health. Having the Indigenous perspective is integral to good practice for Indigenous substance misuse services:

These our mob, our issues and our country,  
and only we know how to deal with these.  
(*Tangentyere Council night patroller*)

## 8. References

1. Gray, D., B. Sputore, A. Stearne, D. Bourbon and P. Stempel (2002). *Indigenous Drug and Alcohol Projects: 1999–2000*. ANCD Research Paper 4. Canberra: Australian National Council on Drugs.
2. Gray, D., S. Siggers, B. Sputore and D. Bourbon (2000). What works? A review of alcohol misuse interventions among Aboriginal Australians. *Addiction* 95(1): 11–22.
3. d’Abbs, P. and S. MacLean (2000). *Petrol Sniffing in Aboriginal Communities: A Review of Interventions*. Darwin: Cooperative Research Centre for Aboriginal and Tropical Health.
4. Gray, D. and S. Siggers (2003). Substance misuse. In N. Thomson (ed.) *Health of Indigenous Australians*. Melbourne: Oxford University Press.
5. Ministerial Council on Drugs Strategy (2003). *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2006: Background Paper*. Canberra: National Drug Strategy Unit, Australian Government Department of Health and Ageing.
6. Ministerial Council on Drugs Strategy (2003). *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2006*. Canberra: National Drug Strategy Unit, Australian Government Department of Health and Ageing.
7. Yin, R.K. (1989). *Case Study Research: Design and Methods*. (Rev. ed.) Applied Social Research Methods Series, volume 5. Newbury Park CA: Sage.
8. ‘About Alice: History’. Darwin: Northern Territory Government. <http://www.alicesprings.nt.gov.au> Accessed 23 April 2003.
9. Smith, R. ‘John McDouall Stuart: Explorer’. Northern Territory of Australia. <http://www.northernexposure.com.au> Accessed 23 April 2003.
10. Tangentyere Council (2002). *Tangentyere Council Annual Report 2001–2002*. Alice Springs: Tangentyere Council.
11. Royal Commission into Aboriginal Deaths in Custody (E. Johnson, Commissioner) (1991). *Royal Commission into Aboriginal Deaths in Custody: National Report*. 4 vols. Canberra: Australian Government Publishing Service.
12. Pointer, S., K. Dyer and P. Strelan (1998). *Education and Prevention Strategy in Prisons for Aboriginal Substance Use: Impact Evaluation Final Report*. Adelaide: National Centre for Education and Training on Addiction.
13. Aboriginal Drug and Alcohol Council (SA) Inc. (2000). *Petrol Sniffing and Other Solvents: A Resource Kit for Aboriginal Communities*. Adelaide: ADAC and SA Department of Human Services.
14. Aboriginal Drug and Alcohol Council (SA) Inc. (2000). *Petrol Sniffing and Other Solvents* [video]. Adelaide: ADAC and SA Department of Human Services.
15. Aboriginal Drug and Alcohol Council (SA) Inc. and Alzheimer’s Association (SA) (1999). *Dementia Training for Indigenous Communities*. Canberra: Australian Government Department of Health and Aged Care.

16. de Crespigny, C., Aboriginal Drug and Alcohol Council (SA) Inc., M. Groenkjaer, W. Casey, H. Murray and W. Parfoot (2002). *Breaking Down the Barriers – Urban Aboriginal Women: Drinking and Licensed Premises in the Southern Metropolitan Region of South Australia*. Adelaide: Flinders University.
17. de Crespigny, C., Aboriginal Drug and Alcohol Council (SA) Inc. (2002). *Better Medication Management for Aboriginal People with Mental Health Disorders and Their Carers: A Pilot Study in Northern Metropolitan Adelaide*. Adelaide: Flinders University.
18. Flinders University School of Nursing and Midwifery, and Aboriginal Drug and Alcohol Council (SA) Inc. (2003). *Better Medication Management for Aboriginal People with Mental Health Disorders and Their Carers: Final Report 2003*. Adelaide: Flinders University.
19. Holly, C. and J. Shoobridge (2002). *Investigating the Impact of Injecting Drug Use in Indigenous Communities in Metropolitan Adelaide: Community Report*. Adelaide: Aboriginal Drug and Alcohol Council (SA) Inc.
20. Shoobridge, J., N. Vincent, S. Allsop and A. Biven (2000). *Using Rapid Assessment Methodology to Examine Injecting Drug Use in an Aboriginal Community*. Adelaide: National Centre for Education and Training on Addiction, Aboriginal Drug and Alcohol Council (SA) Inc. and Lower Murray Nunga's Club.
21. Trewin, D. (2001). *Population Distribution: Aboriginal and Torres Strait Islander Australians*. Cat no. 4705.0. Canberra: Australian Bureau of Statistics.
22. 'History of WuChopperen Health Service Limited'. Cairns: WuChopperen Health Service, n.d.
23. Harvey, D., K. Tsey, Y. Cadet-James et al. (2001). *Evaluation of the Pilot Phase of Queensland Health Tobacco Brief Intervention Training in Indigenous Health Settings*. Cairns: North Queensland Health Equalities Promotion Unit, School of Population Health, University of Queensland.
24. Chi, J. (2000). *Bran Nu Dae*. Broome: Magbala Books.
25. Milliya Rumurra Aboriginal Corporation (2003). *Annual Report 2002–2003*. Broome: Milliya Rumurra Aboriginal Corporation.
26. Western Australian Drug Abuse Strategy Office (2001). *Utilisation of Sobering-Up Centres and Their Impact on Detentions for Drunkenness in Western Australia 1999–2000*. Statistical Bulletin No. 11. Perth: WA Drug Abuse Strategy Office.
27. d'Abbs, P. (1990). *Responding to Aboriginal Substance Misuse: A Review of Programs Conducted by the Council for Aboriginal Alcohol Program Services (CAAPS), Northern Territory*. Darwin: Northern Territory Drug and Alcohol Bureau, Department of Health and Community Services.
28. Council for Aboriginal Alcohol Program Services Inc. (2002). *Policy and Procedures Manual*. Version 18. Darwin: CAAPS, 20 November.
29. Council for Aboriginal Alcohol Program Services Inc. (2002). *Operations Manual: Treatment Department*. Version 5. Darwin: CAAPS, January.
30. Office for Aboriginal and Torres Strait Islander Health (2001). *Better Health Care: Studies in the Successful Delivery of Primary Health Care Services for Aboriginal and Torres Strait Islander Australians*. Canberra: Australian Government Department of Health and Aged Care, OATSIH.