National Centre for Research into the Prevention of Drug Abuse
Curtin University of Technology

Evaluation of Kununurra-Waringarri Aboriginal Corporation and Ngnowar-Aerwah Aboriginal Corporation's Alcohol Projects

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EXECUTIVE SUMMARY

Introduction

The purpose of the evaluation was: to determine to what extent each of the Waringarri and Ngnowar-Aerwah alcohol projects were meeting their objectives; identify factors which impeded or facilitated the meeting of these objectives; and, ascertain the extent to which these objectives were meeting community needs. The evaluation was undertaken so that recommendations could be put forward to the organisations with the aim to improve the functioning and outcomes of their alcohol projects.

The evaluation was conducted in four stages: negotiation between key stakeholders concerning the scope of the evaluation; identification of the projects' objectives and strategies; two periods of data collection; and, data analysis and report writing. The evaluation included a review of existing reports and minutes of meetings, and discussions with the Waringarri and Ngnowar-Aerwah committee members and staff. Brief project reports were prepared on each of the alcohol services and then circulated among staff and committee members for comment. Each alcohol project was evaluated separately on the basis of the aims, objectives and strategies recapitulated in the summary project reports.

Aims

The aims of the evaluation were to:

- clarify the objectives of each of the alcohol projects;
- assess the extent to which the objectives were meeting community needs;
- assess the extent to which the objectives of the projects were being met;
- identify factors which facilitated or impeded the meeting of the objectives; and,
- make recommendations about what can be done to improve service delivery and the meeting of the projects' objectives.

Methods

The data collection was undertaken between November 1997 and April 1998. It included:

- collection and review of documentary data on each of the projects;
- collection and review of statistical data, including project records and client records, police arrests and lockup receivals, and alcohol related hospital morbidity and mortality data;
- interviews with Waringarri and Ngnowar-Aerwah committee members, community and family representatives, and project staff and clients; and,
- observations of the activities of each of the services.

Waringarri Aboriginal Alcohol Projects

All Projects

- Kununurra-Waringarri Aboriginal Corporation has established a comprehensive community development program which includes employment, arts, language and media projects.

- Waringarri's alcohol intervention projects include the Miriwong Patrol, the Moongong Dawang Sobering-up Shelter, the Alcohol (Counselling) Project, and the Marralam Treatment Program. It is important to recognise that Waringarri has developed one of the most comprehensive alcohol programs in the country, and this in itself is a significant achievement.

- Members of the Waringarri Management Committee and representatives of various communities and family groupings were interviewed about the objectives of Waringarri's alcohol projects. In all cases there was strong support for the objectives of the projects, which were seen as reflecting community needs.

- Any criticisms made by committee members and/or community and family representatives were criticisms of the processes by which the projects' objectives were being achieved—not of the objectives of the projects.

- The evaluation team and both Commonwealth and State funding agencies were concerned about the apparently high costs of some of the Waringarri alcohol projects.

- There were inadequate financial management procedures in place within all levels of management. This resulted in some expenses being charged to incorrect cost centres, and therefore it was difficult to ascertain the actual costs of each of the projects.

- There were inadequate financial controls over the projects at both the central administration and project level. This resulted in excessive costs in some areas.

Alcohol (Counselling) Project

Objectives

- Provide support for people who continue to drink at hazardous levels, or experience difficulty in controlling their drinking.

- Increase awareness of alcohol related harms and strategies to minimise these harms.

- Promote community and Waringarri support for people who have difficulty in controlling their drinking.

Outcomes

- Between July 1995 and June 1997, project staff referred 44 men and 25 women to the Marralam Alcohol Treatment Centre.

- For the reasons referred to below, it was not possible to measure the total number of clients to whom support was provided and/or who were counselled by project staff. However, based on observations by the project officer and interviews with staff, between two and ten clients sought counselling each week. In addition, some counsellors provided several informal consultations and informal follow up visits each week.

- In 1997, project staff conducted one community education session and one school based education lesson.

- A thirty second announcement about Waringarri's alcohol projects, and the services provided, was broadcast twice daily on Waringarri Radio.

- In general, community representatives reported that the community did not have sufficient information about the activities of Alcohol (Counselling) Project.

- Community representatives reported that community education sessions had been conducted more frequently in the past and had been well received.

- These limited outcomes clearly indicate that the Alcohol (Counselling) Project was not working to its full potential.

Other findings

- All of the staff were enthusiastic about, and were committed to, the objectives of the project.

- Apart from the Alcohol Project Coordinator, none of the project staff have had training or previous experience in the counselling of alcohol affected people. The project has funded some formal training to counsellors, but it has been limited to two one-day workshops.

- In addition to overseeing the management of the four Waringarri Alcohol Projects, the Alcohol Project Coordinator was involved in a number of important community initiatives. Unfortunately, these initiatives placed significant constraints upon the amount of time he could dedicate to project staff supervision.

- The combination of lack of training and inadequate supervision of staff severely limited their ability to undertake the tasks required of them.

- The journals of counsellors were updated regularly. However, client files and project reports were not always maintained, and filing systems were inefficient. As a result, client and project information was not easily accessible and did not give a true indication of the amount of work that was undertaken by project staff. Further more, filing cabinets were usually left unlocked, thus jeopardising client confidentiality.

- The counsellors working on the project were paid from the Marralam Alcohol Treatment Program budget. As a consequence, the Alcohol (Counselling) Project budget understated the actual cost of delivering the service.

- There were inadequate inventory control procedures in place, and the location of some equipment, such as a video-recorder and television set which belongs to the Alcohol (Counselling) Project, could not be identified.

Marralam Alcohol Treatment Program

Objectives

- Improve the health of residents.

- Educate residents about the effects of alcohol.

- Equip residents to identify and achieve personal goals.

- Develop clients' skills and individual strategies to prevent the misuse of alcohol. These strategies may include controlled drinking or abstinence.

- Promote the local Aboriginal culture.

- Raise the self-esteem and confidence of clients.

Outcomes

- From July 1995 to June 1996, 16 men and 16 women participated in the alcohol Treatment Program at Marralam.

- From July 1996 to June 1997, 28 men and 9 women participated in the program.

- Only a small minority of clients who attended the Marralam Treatment Centre completed the recommended three month treatment program.

- In the 1997 calendar year, 72 individual and/or group counselling sessions, 113 bush trips, and 35 support activities were conducted.

- Full assessment of project outcomes was not possible because the Centre's record keeping systems had not been adequately maintained—of the 69 clients who participated in the project between July 1995 and June 1997, only nine completed pre-release assessments, and only five completed follow up assessments.

- Of those who completed pre-release and follow up assessments: seven reported improvements in their health; eight reported having made positive changes to their drinking behaviour and as having maintained those changes; four said they had gained an understanding of the effects of alcohol and of how to control its use; four reported improved family relationships; two gained employment; two commenced education courses after completing the program; and one reported feeling more confident.

- While community representatives and clients identified the provision of cultural activities and improvements in the health of clients as strengths of the program, the majority thought that the project had little impact upon drinking behaviour.

Other findings

- Upon entry to the program, clients were medically assessed and, if necessary, referred to the Kununurra Hospital for detoxification.

- Alcohol affected persons were provided with an alcohol free environment in which they were given with three meals a day and the opportunity to participate in cultural and other recreational activities. Staff supervised the clients' withdrawal from alcohol and administered their prescribed medication.

- The assessment forms had the potential to obtain client data that could have assisted in treatment. However, the assessments were lengthy, and as a result, few sets of assessments were actually completed.

- Informal, one-to-one counselling sessions were conducted on a daily basis and were mainly initiated by clients. In addition, regular informal group discussions were facilitated by the counsellors at the end of most days; these included weekly video education sessions.

- No structured education or counselling sessions had been conducted in the 12 months prior to the evaluation. This was a major concern for a large section of the community and a number of clients, as well as other service agencies that had referred, or wished to refer, clients to Marralam.

- Adequate processes were not in place to deal with the needs of the two distinct client groups—those who wanted to change their drinking behaviour and those who were there to have a break from the 'grog'. The first group required more intensive treatment, while the second group considered treatment unnecessary.

- Apart from the project manager and support worker, none of the project staff had training or previous experience in the counselling of alcohol dependent people. The project has funded some formal training for counsellors, but it has been limited to two one-day workshops.

- There was no formal agreement between Waringarri and the Marralam Community—on whose land the Treatment Centre is located—about their respective rights and responsibilities. In the past this has led to disagreement over the appropriate use of resources.

- On the basis of the financial reports provided to the review team, it appears there was no proper budget prepared in the 1996-97 financial year no proper budget was prepared that allocated funds to particular cost centres. As a result, expenditure on some items (such as motor vehicle repairs and generator fuel) was double that of the previous financial year and was a cause for some concern.

- The actual cost of providing services at Marralam was overestimated because the counsellors—who dedicate half their time to the Alcohol Project—have their salaries paid for from the Marralam budget.

- Reports prepared by the Waringarri administrator indicated that the cost of accommodating clients at Marralam exceeded the amount that was recovered from them.

- The existing accommodation facilities did not adequately meet client needs and were not suitable for families.

Miriwong Patrol

Objectives

- Reduce anti-social behaviour connected with street drinking and substance abuse.

- Improve the public safety for Aboriginal people affected by alcohol and other substances.

- Reduce under age drinking.

- Reduce the number of intoxicated people on licensed premises.

Outcomes

- Between July 1996 and June 1997, the Patrol completed 6615 pick ups, and the average number of pick ups per month was 551.

- Between July 1997 and March 1998, the Patrol picked up 2914 people, and the average number of people picked up per month was 324.

- In 1995, 1336 people were detained in the Kununurra police lock up. In 1996, the number declined to 1245.

- In 1997, the number of detainees declined to 188—none of whom were drunken detainees. The police always transferred people to the Sobering-up Shelter, unless they had committed an offence.

- These declines were attributable to the combined impact of the Patrol, the Sobering-up Shelter, and the police.

- Between June 1996 and September 1997, the Patrol also picked up 897 juveniles from the streets and returned them to their homes.

- Several clients commented that the Patrol helped them to avoid other problems, such as alcohol related violence, which might otherwise have occurred as a consequence of their intoxication.

- A number of community and family representatives said that achievement of these outcomes was a strength of the project. Some complemented the Patrol on the strategies employed, including working in with the police and the Sobering-up Shelter.

Other findings

- Particular strengths of the Patrol were the clear specification of tasks and procedures, and well maintained client records.

- High turnover and shortage of staff were problems which limited the number of foot patrols and the surveillance of licensed premises.

- The patrol did not operate after 11:30 pm on week nights and on weekends — periods which were reported by the police, hospital, and women's crisis centre as particularly critical times.

- Relations between patrollers and young people were reported as strained, and sometimes young people were reportedly hostile towards Patrol members.

- It was reported and observed that the Patrol bus was used by other Waringarri staff members for reasons other than Patrol purposes, resulting in delays to Patrol services, incurring additional costs to the Patrol project, and causing resentment among community members.

- There was a perception shared by a large section of the community that the Patrol was owned by the Miriwong people. Some non-Miriwong people reported that they were reluctant to use the patrol, and a non-Miriwong patrollers were reportedly abused on occasions.

- The school bus service was inefficient and would arrive late at the school.

Moongong Dawang Sobering-up Shelter

Objective

- To provide a safe, care oriented environment in which persons found drunk in public may sober up, thus diverting them from police lockups, the source of centre admissions to be given highest priority are those people detained under Section 53A of the Police Act (Detention of Drunken Persons).

Outcomes

- Based on our observations, the objective of providing a safe, care oriented environment in which drunk persons may sober up was being achieved with success.

- During the 13 months between September 1996 and October 1997, the Shelter recorded 2829 admissions.

- Statistical data on the reduction in police detentions provided another indicator of the success of the Sobering-up Shelter.

- Both community and/or family representatives and clients expressed satisfaction with the service delivery and outcomes of the project.

Other findings

- The Shelter facilities were maintained to a high standard.
- The Shelter manager was compassionate and respectful to the clients, and promoted these values among other carers.
- Generally, staff complied with the procedures and protocols set out in the agreement with the Health Department of Western Australia (and now the Western Australian Drug Abuse Strategy Office) under which the Centre was established.
- There was evidence that—on occasion—regular half hourly client observations were not carried out and particular staff started shifts late or did not complete them, resulting in inadequate client supervision.
- There was evidence that expenditure for some of the Shelter's cost centres (for example, consumables such food, electricity, telephone, and fuel) was up to five times greater than the average for Sobering-up Shelters elsewhere in the State.
- It appears that staff did not have the skills to adequately manage the Shelter budget and that there were inadequate internal procedures for budget administration.
- Staff and their visitors to the Sobering-up Shelter took food and medical stores, and used the telephone for private purposes.
- The majority of community representatives and service providers who were interviewed were aware of the Shelter, but knew very little about specific details such as its opening hours, location, and outcomes.

Other findings concerning community needs

- Clients, staff and community representatives identified lack of follow up care as an important contributing factor to the high relapse rate among clients discharged from Marralam.
- Community representatives identified boredom, unemployment, and loss of purpose as significant reasons why people misuse alcohol and cannabis.
- Community representatives expressed concern at the impact that alcohol misuse among adults is having on young people, and the apparently increasing use of alcohol and cannabis by young Aboriginal people. They felt that more action should be taken to address these problems.

Recommendations

Any responses to the following recommendations should be well planned, and should consider the impact they will have on local politics, family relationships, the distribution of funds, and most importantly, the effectiveness of the services.

All projects

Management

- The Alcohol Projects Sub Committee should be strengthened by restructuring it to include additional community members, a chairperson and vice chairperson from the Executive Management Committee, an alcohol projects administrator, and the Alcohol Project Coordinator, Shelter Manager, Marralam Manager, and Patrol Coordinator.

- The role of the Alcohol Projects Sub Committee should be to monitor the activities of the individual alcohol projects on behalf of the Executive Management Committee and Sub Executive Management Committee, and to make recommendations to these committees on the planning and management of the projects.

- All recommendations made by the Alcohol Projects Sub Committee should be approved by the Executive Management Committee before they are implemented.

- Training should be provided to ensure that Alcohol Projects Sub Committee members are aware of their responsibilities and have the skills to undertake them.

- The position of Alcohol Projects administrator should be established.

- Adequate supervision and accountability procedures should be established and/or activated in order to enable ongoing monitoring and administration of the alcohol projects, including monitoring of staff performance.

- At each meeting of the Alcohol Projects Sub Committee, and Sub Executive Management Committee, managers and coordinators should provide oral reports on their projects. These should include progress and outcome statements in regard to allocated tasks, and factors facilitating or impeding their progress.

- Managers and coordinators should provide written quarterly reports to the Sub Executive Management Committee on progress and financial status of projects.

- The various alcohol project managers should coordinate their activities with those of other Waringarri projects and other relevant service agencies. This coordination should be monitored by higher levels of management via the quarterly reports mentioned above.

Administration

- Procedures should be established or activated in consultation with the relevant funding agencies to ensure that there is continuous monitoring of the finances of each project. The funding agencies should allocate sufficient funding to cover the cost of such a system, including salary costs for an administrative officer.

- Monthly meetings should be held between the Waringarri administrator, the alcohol projects administrator, and project managers to review project expenditures for the previous month and projected expenditures for the coming month. Minutes from these meetings should be presented to the Alcohol Projects Sub Committee, and be included in the quarterly reports to the Executive Management Committee.

- All project budgets and cost centres should be reviewed to ensure that costs are correctly allocated to each of the projects. This will ensure that the costs of providing services can be adequately monitored and evaluated.

- All vehicles belonging to the alcohol projects should have log books to record mileage and expenditure on fuel and repairs.

- An asset register for each alcohol project should be maintained and all portable equipment, such as television sets, should be engraved with the name of Waringarri Aboriginal Corporation and the project name.

- All portable equipment should be stored in a locked store room.

- A register of all equipment loans should be kept. Persons borrowing equipment should sign it in and out, and their signatures should be witnessed by another staff member.

Staff Development

- The roles and responsibilities of all staff members should be clarified, and revised duty statements prepared by the Alcohol Projects Sub Committee. The new duty statements should be endorsed by the Executive Management Committee.

- Based on the revised duty statements, an assessment of individual staff training needs should be undertaken. Arrangements should be made to ensure that they are provided with appropriate training, including financial management training for all project managers.

- Based on revised duty statements, annual staff appraisals should be undertaken by relevant supervisors and an independent reviewer.

- Funding agencies should allocate funds to train staff and provide more support to administrative staff.

Alcohol (Counselling) Project

- The duties of the Alcohol (Counselling) Project Coordinator should be reviewed, and the time he commits to other community work should be negotiated between himself and the Executive Management Committee.

- The Coordinator should provide more structured, ongoing supervision to the counsellors. This supervision should include fortnightly project planning and debriefing sessions with the counsellors.

- A register should be developed to record client contacts, type of service provided, when and by whom the services were provided, and any outcomes. Such records should be regularly updated and summarised.

- A counsellor should be rostered to conduct daily, informal counselling and video sessions at the Sobering-up Shelter.

- Counsellors should follow up clients discharged from Marralam on a weekly basis. Clients should be able to request more or less counselling, depending on their needs.

- As originally planned, the alcohol awareness messages broadcast over Waringarri Radio should be updated every month.

- An assessment of alcohol and other drug use among young people should be undertaken and, on the basis of this, an appropriate intervention program developed.

- Alcohol project staff should plan the development of an outreach and after care program which could possibly include:
  - regular community visits to members of the clients' families and support networks;
  - support for other community groups to provide regular alcohol free activities;
  - a community based education program; and,
  - the use of a vacant building at the Sobering-up Shelter as an alcohol free activity centre.

Marralam Alcohol Treatment Program

- The individualised treatment approach at Marralam should become more structured so that all clients are required to undergo the four stages of assessment and participate in weekly education and counselling sessions.

- A formal agreement should be negotiated and signed between the Chairpersons of Waringarri and the Marralam Community regarding their mutual rights and responsibilities.

- More active attempts should be made to recover accommodation costs from clients, and a simple system of receiving and recording payments by clients should be established.

- Unauthorised use of consumables or other resources should be stopped by adopting policies and procedures similar to those recommended for the Sobering-up Shelter.

- A review of suitable accommodation facilities needs to be undertaken and long-term plans need to be established to improve and expand the buildings at Marralam.

Miriwong Patrol

- The Patrol should change its name from Miriwong Patrol to a title that represents all Waringarri members and community groups.

- The Miriwong Patrol should be administered separately from the Sobering-up Shelter.

- Attempts should be made to secure additional funds from both private enterprise and government agencies to cover costs of top-up wages and/or other incentives for patrollers.

- Greater coordination should occur between the patrol, the licensees and the police with the aim of establishing strategies that reduce under age drinking and the number of intoxicated people on licensed premises. This can be facilitated by the Patrol leader participating in the Kununurra Accord Committee.

- Patrol operating hours should be extended to 12:30 am on Friday nights and from 7:30 pm to 12:00 am on Saturdays.

- Incentives—financial or otherwise—should be established to encourage patrollers to regularly attend work, especially on Friday and Saturday nights.

- The Patrol needs to develop strategies that will enable members to establish good rapport with young people. The Patrol should work with young people to design ways of making the service more appropriate to their needs.

- The Patrol should establish a single school bus route with a set time table. This should be done in consultation with the school and parents so that each party understands their respective responsibilities, and the parents in particular realise that their children must be ready for the bus according to the time table.

- The policy regarding who can drive the patrol bus should be more rigorously enforced. Any person breaching this policy should face disciplinary action.

Moongong Dawang Sobering-up Shelter

- The services provided at the Sobering-up Shelter, being the provision of a safe environment for intoxicated people, were meeting community needs and therefore

little needs to be done to improve them. However, there were more general administrative problems occurring at the Shelter that need to be addressed.

- Unauthorised use of consumables or other resources should be stopped by adopting policies and procedures similar to those recommended by Shelter staff at the 'cost effective' planning meeting. These policies should be enforced by the Shelter manager accordingly.

- A second CDEP worker should be employed to perform janitorial duties so that carers can wake clients at 7:00 am and still be able to complete their administrative tasks before their shift finishes at 8:00 am.

- Carers should wake clients at 7:00 am and serve breakfast between 7:00 and 7:30 am, so that the end of breakfast will coincide with a visit by a counsellor at 8:00 am.

- Unscheduled visits to the Shelter should be made by a Sub Executive Management Committee member or independent person to review staff performance.

- The Shelter should promote greater awareness of its services, particularly among other service providers.

- The Executive Management Committee should investigate the allegations that staff and their visitors are using alcohol and illicit drugs at the Shelter, or coming to work intoxicated. If this is occurring, disciplinary action should be taken.

Ngnowar-Aerwah Alcohol Projects

Results

Wyndham Patrol

Objective

- To provide a pick-up service for intoxicated people in public places where they can do harm to themselves or others.

Outcomes

- Between the 21st of February 1997 and the 25nd of February 1998, the patrol picked up 2935 people, of whom 1976 (67 per cent) were intoxicated, 570 (20per cent) were sober, and 389 (13 per cent) were juveniles.

- In February 1997, 236 people were detained in the Wyndham police lock-up. In April the number of lock-up receivals dropped by over half, to 123 people, and fell to 87 people in May. Since the patrol has been functioning, the lock-up rates per month have not exceeded 164 people.

- The number of people arrested by police did not changed significantly. However, the police suggested that this was because less time was spent apprehending and detaining intoxicated people, and more time was spent on other policing activities.

- Community members and clients reported that the patrol was getting people off the streets, reducing the number of people who were apprehended by the police, and preventing alcohol related injury.

Other findings

- The Patrol provided a pick-up service for people who were intoxicated in public places and transferred them to a safe place.

- Without the approval of the Management Committee, the coordinator changed the policies regarding transporting alcohol on the bus, and the service was then also offered to people who had purchased alcohol and planned to drink at home.

- Reports prepared by the Patrol Coordinator and client data collected by the patrol were comprehensive and informative.

- The patrollers' skills and competency levels in dealing with intoxicated people were of a high standard.

- The planning and conduct of Patrol activities were hampered by a high turnover and shortage of staff.

- There was no safe supervised place to which the patrol could take drunken homeless people.

- Clients were sometimes transferred to communities or homes of other people and caused disturbances. This problem was addressed by arranging for the chairpersons and residents to prepare a list of people that could or could not be dropped at their community or home.

- Some people refused to use the Patrol because they objected to their names being recorded by patrollers.

Community Centre

Objectives

- To provide individual assessment, on-going counselling, mentoring services, and referrals to the rehabilitation program.

- To improve the health, psychological and social functioning of clients.

- To provide support to families impacted by hazardous and harmful use of alcohol and other drugs.

- To assist with the after care of clients and their integration back into the community.

- To enable persons and families in Wyndham and adjoining areas affected by the misuse of alcohol and other drugs to control their addiction.

- To change prevailing community attitudes towards the use of alcohol and other drugs.

- To engage clients for counselling and assessment.

Outcomes

- Between 1996 and 1997, a total of 485 official counselling contacts, referrals and assessments were conducted by the staff based at the Community Centre. Of these: 68 percent of client contacts were made through group and individual counselling; 28 per cent were referrals to other rehabilitation centres, or to the hospital for medical examinations or detoxification; and, four per cent were court assessments.

- Approximately 12 people who were affected by a family member's misuse of alcohol or other drugs sought counselling. However, the number of family members who sought the help of the Community Centre staff on behalf of drinkers was far greater.

- Positive feedback was received from community members and other service providers regarding outreach work and informal client contact conducted by the Community Centre.

Other findings
- Project staff effectively facilitated project activities by:
  . rigorously maintaining client and program records;
  . networking with staff at other agencies; and,
  . providing informal follow up.

Seven Mile Treatment Centre
Objectives
- To provide a supportive, safe, alcohol free residential based education program on alcohol.

- To improve clients' health, psychological and social functioning.

- To assist clients' after care and integration back into the community.

- To enable persons and families in Wyndham and adjoining areas affected by misuse of alcohol or other drugs to control their addiction.

- To provide an alternative lifestyle for clients and enhance their quality of life.

- To engage clients for treatment.

- To provide support for families impacted by hazardous and harmful use of alcohol and other drugs.

Outcomes
- In 1997, 71 clients were admitted to the residential Treatment Program. Forty-one of those admitted were self-referred and 30 were referred by the courts.

- Twenty per cent of clients completed the three month program, 24 percent completed four to eleven weeks of the program, and the remaining 56 per cent stayed between four to 25 days.

- Seven clients fulfilled work development orders at Seven Mile Centre.

- The majority of community members interviewed said that the project was producing positive outcomes and the service delivery was a major strength of the program. This included the fact that regular counselling and education sessions were conducted by the staff.

- There was evidence from records, observations, and interviews that the health and psychological functioning of clients improved while attending the program.

- Seven clients made positive changes to their drinking behaviour and lifestyles.

- The outcomes of the Project were achieved by providing the following services:

- structured counselling and education sessions twice a week;
- additional individual counselling;
- an alcohol free residential service;
- assistance to enrol into education courses, and to gain employment; and
- provision of three meals a day, and weekly opportunities to participate in recreation activities.

Community Education and Training Project

Objectives

- To raise awareness about the effects of alcohol.
- To enable persons and families in Wyndham and adjoining areas affected by misuse of alcohol and other drugs to control their addiction.
- To change prevailing community attitudes towards the use of alcohol and other drugs.
- To support and encourage communities wishing to become dry communities.
- To make recommendations to government departments and other organisations on matters that relate to alcohol and drug use.

Outcomes

- Between 1996 and 1997, the Community Centre staff carried out, or were involved in, 42 education and health promotion programs.
- Positive community feedback was received regarding the community based education programs, and the community and family leaders expressed an interest in participating in education programs in the future.
- Any change in community awareness about the effects of alcohol, or in attitudes towards its use, could not be measured because no baseline data were available.
- The number of people who attended these programs was not recorded. However, it is known that all programs were either group workshops, or community-wide events, indicating the number of participants was far greater than 42.

Other findings

- The strategies undertaken by the staff to meet the objectives of the Community Education and Training Program included public awareness campaigns, education programs in schools, and the provision of information and support.
- Staff provided advice to government departments and other organisations on matters related to alcohol and drug use by participating in planning workshops and on management committees. This included reporting on the findings of a survey undertaken by staff to identify women's needs.
- Very little support was provided to communities that wished to become dry, mainly because the program was understaffed.
- The costs of conducting the Community Education and Training Project were paid out of the Community Centre budget. Thus, no data were available on the cost of the Project.

- The Community Education and Training Project staff also provided the Community (Counselling) Centre's services, and the education and counselling services at Seven Mile Rehabilitation Project.

- Community representatives reported that there was a need to address the view held by some sections of the community that alcohol is essential for having a good time.

- Representatives from the town-based communities said that they would like more assistance in establishing community by-laws to control the availability of alcohol, and in developing other alcohol interventions.

- The community and clients expressed a need for more alcohol free activities.

Recommendations

Any responses to the following recommendations should be well planned, and should consider the impact they will have on local politics, family relationships, the distribution of funds, and most importantly, the effectiveness of the services.

All Projects

- Assistance should be provided to Ngnowar-Aerwah to establish on-going monitoring systems which would better enable assessment of project outcomes.

- Ngnowar-Aerwah's accounting system should be modified so that discrete cost centres are established for each project. The administration officer should be trained in how to operate this new system.

- Ngnowar-Aerwah should more actively advertise and promote its services.

Community Centre (Counselling) Project

- Staff should develop a more structured after-care program for clients discharged from the Seven Mile Rehabilitation Centre.

- The Centre should be opened at least once a week as a drop-in centre.

- Staff should work with other service providers and community volunteers to organise social activities which provide alternatives to drinking.

- Resources should be sought to establish a community centre in which alternative social activities can be provided.

- A young people's intervention project should be developed—preceded by a survey to identify the specific needs of young Aboriginal people in Wyndham.

Community Education and Training Project

- Resources should be sought to employ a community education officer to assist existing staff to provide services.

Wyndham Patrol

- The Ngnowar-Aerwah Committee should approve all changes to policy and protocol.

- The Patrol coordinator should be available at the Patrol Office between 8:30 am and 4:30 pm two to three times per week.

- The Patrol Coordinator should continue to provide supervision of, and training for, the Patrol Leader in the use of the computer and the entry of statistical data.

- Resources should be sought to provide patrollers with additional financial incentives to help overcome problems of staff turnover and shortages.

- Patrol staff should educate clients and community members about the reasons for recording client names.

- A Sobering-up Shelter should be established in Wyndham.

Seven Mile Rehabilitation Project

- Additional alternative activities should be offered to clients at Seven Mile.

- Formal counselling should be held with each client to discuss their personal goals and ways that staff can assist them in achieving these goals.

- Resources should be sought to expand residential facilities at Seven Mile

1.0 INTRODUCTION

The poor social conditions and health status, and the impact of excessive alcohol consumption among some segments of Australia's Aboriginal and Torres Strait Islander populations have been well documented.[1-3] The situation in the Kimberley region of Western Australia, and the towns of Kununurra and Wyndham within it, are no different. The results of a survey undertaken in 1994, showed that approximately 31 per cent of Aboriginal dwellings had no running water, 27 per cent had no electricity or gas connected, and 23 per cent had no garbage collection. Forty-eight percent of the Kununurra Aboriginal population had minimal or no formal education and 72 per cent earned $12 000 or less per year.[4] The despair associated with such factors has been found to contribute to the up-take and misuse of alcohol and other drugs. In the Kimberley region as a whole, based on the results of a stratified sample survey, Hunter estimated that—although 54 per cent of Aboriginal women and 24 percent of Aboriginal men did not currently consume alcohol—those who did drink were more likely to do so at harmful levels.[5] The harms caused by the excessive use of alcohol and other drugs not only detrimentally effects the health, social, and economic well-being of the individual drinkers but has the similar effects on family and community members.

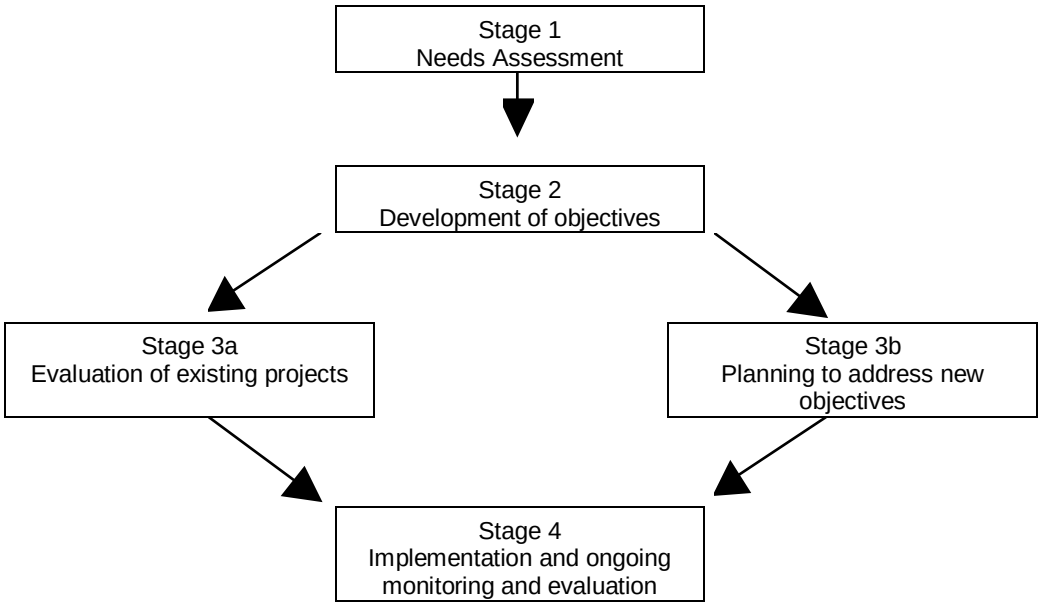
To address the harms caused by alcohol and other drug use, Aboriginal and Torres Strait Islander community organisations have established a wide range of intervention projects. As yet, few of these have been formally evaluated and there is an absence of guidelines for best practice in the implementation of such interventions.[6-8] For example, a review of over 284 indigenous drug projects revealed that 50 per cent of them lacked adequate evaluation components.[9-10] Furthermore, of the data that is collected little would 'enable any meaningful assessment of service delivery'.[11-13] However, despite these findings and the methodological difficulties involved, many organisations are interested in improving the level of project evaluation that they undertake.[6, 10]

In the East Kimberley Region, to address excessive alcohol consumption and the harm associated with it, Kununurra-Waringarri Aboriginal Corporation (hereafter referred to as Waringarri) has established a night patrol, a sobering-up shelter, a drop-in counselling service and a residential rehabilitation centre; and the Ngnowar-Aerwah Aboriginal Corporation in Wyndham has established an alcohol counselling service, a community education and training project, a patrol, and a rehabilitation centre. In

November 1995, Waringarri sought assistance with an evaluation of its alcohol projects from Aboriginal Research Program staff at the National Centre for Research into the Prevention of Drug Abuse (NCRPDA). In the words of the Waringarri Alcohol Projects coordinator, the reason for undertaking such an evaluation was 'to see that we're (Waringarri) on the right track'.

Following lengthy negotiations, the Health Department of Western Australia provided funds to Waringarri to contract NCRPDA staff to develop an evaluation plan. Brooke Morfitt (Sputore) and Dennis Gray visited Kununurra in November 1996 and met with and consulted the Waringarri committee and staff members, and other relevant people in the town. On the basis of these consultations, they developed a plan for an evaluation to be conducted in three stages over a six-month period, with a fourth on-going implementation and monitoring stage (see Figure 1).[14]

Figure 1: Stages of recommended evaluation process



Soon after Morfitt (Sputore) and Gray presented their report, the Department of Health and Family Services' Office of Aboriginal and Torres Strait Islander Health Services (OATSIHS) selected Waringarri as the site to undertake a review of alcohol services, as part of a process aimed at identifying appropriate levels of resourcing and standards of best practice. After being approached by OATSIHS, the Chairperson of Waringarri, Mr Ted Carlton, requested that a representative from the NCRPDA meet with Mr Leon Henry of OATSIHS to discuss the evaluation. Following those discussions, Mr Henry recommended that NCRPDA tender for the contract to carry out the evaluation.

The original proposal was modified when OATSIHS later requested that it be expanded to include evaluation of the services provided by Ngnowar-Aerwah Aboriginal Corporation and exploration of possible areas of collaboration between Waringarri and Ngnowar-Aerwah. In turn, this necessitated expanding the review from 10 to 13 weeks.

1.1 Evaluation Project Objectives

The objectives of the evaluation were negotiated between Waringarri, Ngnowar-Aerwah, OATSIHS, and the NCRPDA, and were as follows.

- Assess whether the Waringarri services: Miriwong Patrol; the Moongong Dawang Sobering-up Shelter; the Alcohol Project (Drop-in Counselling); and the Marralam Alcohol Rehabilitation Centre are meeting their stated objectives.
- Assess whether the alcohol and drug services provided by Ngnowar-Aerwah are meeting their stated objectives.
- Identify factors which impede or facilitate the meeting of the objectives of the Waringarri and Ngnowar-Aerwah alcohol projects.
- Assess the extent to which the stated objectives of the organisations are meeting community needs.
- Examine the scope of the Waringarri and Ngnowar-Aerwah projects in terms of geographical boundaries and their working relationships.
- Make recommendations for a model of best practice for the operation of these projects.

The intent of these objectives was to provide information that will assist Waringarri and Ngnowar-Aerwah to improve management and service delivery, to better address the needs of the communities they serve, and to provide a basis for the establishment of an effective and efficient system for the on-going monitoring and evaluation of the services provided by these organisations. It was also hoped that the evaluation could provide guidance and assistance to other organisations wishing to undertake similar reviews of their services.

2.0 METHODS

The purpose of the evaluation project was to provide a descriptive review of the functioning and outcomes of the Waringarri and Ngnowar-Aerwah alcohol services. The project involved the clarification of objectives, development of evaluation criteria, evaluation of existing projects, and identification of strategies to address new objectives for each organisation. Also examined were the working relationships between Waringarri and Ngnowar-Aerwah.

Preliminary investigation revealed that the alcohol policies included in Waringarri's Five Year Plan were out of date—as they were developed prior to the expansions at the Marralam Treatment Centre and the development of the Patrol and Sobering-up Shelter.[14] It was also found that there were some differences of opinion between Committee members and staff about the purpose of the alcohol projects. Thus, before criteria for the evaluation of the alcohol services could be developed, agreement needed to be reached on the specific objectives of each of the projects. This was achieved by carrying out:

- a review of project reports, minutes of management meetings, policies and other documents pertaining to the projects; and
- individual and group interviews with management committee members, staff and clients.

A similar procedure was undertaken at Ngnowar-Aerwah. However, it was not as involved as that undertaken with Waringarri because, prior to the evaluation, the Ngnowar-Aerwah committee had conducted a planning workshop at which a summary report on current and proposed services was prepared. Using this process, a list of project objectives was developed for each of the services, and then endorsed by the management committee of each organisation.

2.1 Performance Indicators

Based on the revised objectives of the projects being undertaken by Waringarri and Ngnowar-Aerwah, a number of appropriate performance indicators was developed, each of which was used to measure processes and outcomes of one or more of the particular projects. The indicators included some specific to this evaluation, and some that can be used in on-going monitoring of the projects. In the case of the Sobering-up Shelter, performance indicators were based on an adaptation of those developed by de Crespigny.[15] The indicators are as follows.

- The level of alcohol related morbidity and mortality in Kununurra and Wyndham.
- The rates of alcohol related offences and the rates of people arrested or placed in police custody.
- The number of people drinking and sleeping on the streets and in public places.
- The number of intoxicated and underage people drinking in licensed premises.
- The level of community disturbances and disruption caused by the excessive use of alcohol and other drugs.
- Changes in the drinking behaviours and lifestyles of Waringarri and Ngnowar-Aerwah clients.
- The positive or negative outcomes experienced by clients and their families after using the services of Waringarri or Ngnowar-Aerwah (including health, welfare, inter-personal relationships, self respect, skills, culture, children's well-being).
- The level of knowledge clients have about the effects of alcohol and strategies to minimise the harm associated with excessive drinking.
- Community knowledge and opinions about the Waringarri and Ngnowar-Aerwah alcohol projects.
- The number of communities in the Wyndham region that have implemented by-laws to deal with alcohol misuse or alcohol interventions.
- The impact the alcohol projects have on the workload, objectives and policies of other service agencies and departments.
- The degree to which staff of the various alcohol projects are implementing the specified strategies and complying with project policy.

2.2 The Evaluation Project Team

Most of the work and planning for the project was undertaken by an NCRPDA Project Officer, Brooke Sputore. It was essential that a local Aboriginal person be employed to assist with the collection of data and to facilitate meetings between the Project Officer and community members. It was also important, for cultural reasons, that one of the field researchers be male. Accordingly Kimberley Baird was employed as a Research Assistant on the project. His detailed local knowledge and contacts, and experience in program design and research benefited the evaluation project immensely. Deirdre Bourbon, another NCRPDA Project Officer, assisted with the writing of the final report. Associate Professor Dennis Gray provided overall supervision of the project.

2.3 Study Sample

To establish an understanding of how the various alcohol projects affect and/or are perceived by different groups within the communities, five sub-populations were identified. They were the Waringarri and Ngnowar-Aerwah Committees, Aboriginal community and family groups, clients of the Waringarri and Ngnowar-Aerwah alcohol services, staff of each of the services, and other relevant service agencies. Random selection of respondents from within these populations was not practical, not culturally appropriate in some instances, and not feasible in terms of the time available. Instead, samples from each group were selected as described below.

2.3.1 Committee Members

Waringarri Aboriginal Corporation is a syndicate of 27 Aboriginal communities in the Kununurra area—22 of which are out of town. The Waringarri management committee consists of 12 representatives from the out-of-town communities and four from the town. The Ngnowar-Aerwah committee is made up of 12 representatives from Wyndham, including communities within the town. Individual interviews, to discuss extent to which various project objectives were being met were held with six members from each of the two management committees. In addition, some feedback on these issues was provided at the committee meetings which were held in each town at the commencement of the evaluation to clarify project objectives.

2.3.2 Community and Family Members

Waringarri provided a list of 328 adult members in its 27 constituent communities. In the case of the out-of-town communities, it was decided that interviews should be held with the chairpersons of each. Within town, it was decided that interviews should be held with the leaders of prominent family groups. The family groups were identified by the Aboriginal research assistant and cross-checked with Waringarri staff.

It was agreed, in accordance with local etiquette, that before community or family group members could be approached to participate in the evaluation, permission would first be obtained by chairpersons of those communities or leaders of the family groups. In the first instance, unscheduled visits were made to the homes or place of employment of each community or family leader to discuss the purpose of the evaluation and to request their participation. If the chairperson or family leader declined to participate, no other persons were approached in their capacity as members of that community or family group.

Where possible, interviews with community chairpersons or family leaders were conducted immediately. When this was not convenient, as in about 50 per cent of cases, appointments to meet at a later date were made. The appointment process was flexible and often involved making a tentative arrangement which narrowed down a particular day or afternoon that best suited the participant. Although encouraged, the participation of other community and family members was dependent upon the chairperson or family leader, and the willingness of the members to participate in group interviews.

Representatives from 15 of the 22 out-of-town communities participated in the evaluation. Of those communities that were not represented, the chairpersons of four could not be contacted (two because of road closures caused by the wet season), two were out of town, and one declined to participate. Also, leaders or representatives of five of ten family groupings in the town were interviewed. In total, 47 people from the participating communities or families were interviewed either individually or in groups ranging from two to eight people. Of the 47 interviewed, 10 had used one or more of the Waringarri alcohol services.

A similar process was undertaken in Wyndham. A list was prepared by the staff at Ngnowar-Aerwah of three community and 18 family groups. A total of 26 representatives was interviewed from two of the three communities and 12 of the 18 family groups. As in Kununurra, this did not include those community or family group members who were interviewed as part of the service agency sample and who also provided some information from the perspective of their communities or family groups. Four of the 26 community or family representatives interviewed identified themselves as past clients of the Ngnowar-Aerwah Seven Mile Rehabilitation Centre, Community Centre, or Patrol.

2.3.3 Clients

A total of 36 clients, or ex-clients, of the various alcohol services was interviewed. Some difficulty was encountered in recruiting current clients because:

- there were few clients at the time of visits to the services;
- Marralam was temporarily closed—due initially to plumbing problems and then because of the onset of the wet season; and
- clients who used the patrols and the Sobering-up Shelter were intoxicated at the time of use, and the following morning felt 'shame' at being observed intoxicated the previous evening.

Of a total of 21 clients who were present during visits to facilities other than the Patrols, three were intoxicated, 10 declined to participate, and eight were interviewed.

Attempts to interview another five clients of each service were made. Selection of this sample was complicated by the fact that most individuals in each town had used more than one of the services available there, and—because of the mobility between towns—most had used the services provided by both Waringarri and Ngnowar-Aerwah. Twenty eight such clients were interviewed, 14 of whom were identified from client records and 14 during community interviews.

2.3.4 Project Staff

At Waringarri all 13 full-time staff were interviewed. Of 10 Community Development Employment Project (CDEP) part-time staff, four were interviewed and five who were patrollers were not interviewed either because they were not working on shifts during which observations and interviews were conducted or because of lack of time. The shelter cleaner was not interviewed because it was considered not necessary to do so.

At Ngnowar-Aerwah, there were five full-time workers (including one who received CDEP wages plus a top-up amount). Of these, four were interviewed. The female counsellor was on leave and therefore could not participate in the evaluation. Of the 10 part-time CDEP workers at Ngnowar Aerwah, five were interviewed, and the cleaner, gardener and three Patrollers declined to participate.

2.3.5 Service Agency Representatives

An attempt was also made to interview representatives of relevant service agencies. The agencies were selected on the basis of their working relationships with the alcohol projects, whether they shared similar objectives, and/or whether the services they provided affected the outcomes of the alcohol projects' objectives. The person in charge of each of these agencies was contacted and interviews requested. The interviews were unstructured and in some cases included other staff members.

In Kununurra the following 16 agencies were identified:

- East Kimberley Aboriginal Medical Service (EKAMS);
- Kununurra Region Economic Aboriginal Corporation (KREAC);
- Gawooleng Yawoodeng (women's refuge);
- Aboriginal Legal Service (ALS);
- Aboriginal and Torres Strait Islander Commission (ATSIC) Kununurra Office;

- Aboriginal Affairs Department;
- Kununurra Hospital;
- Community Health Services, Health Department of Western Australia;
- Department of Family and Children's Services;
- Police Department;
- Community Based Corrections, Ministry of Justice;
- Magistrate—Kununurra Courts;
- St Joseph's Primary School;
- Kununurra Youth Services;
- Hotel Kununurra; and
- Gulliver's Tavern.

Of the 16, ATSIC had no-one in the office who could address the issue, the magistrate was overseas, and there was insufficient time to interview the hotel and tavern licensees.

In Wyndham nine agencies were identified, and one or more representatives of all were interviewed:

- Joorook Ngarni Resource Centre;
- Jardamu Women's Group Aboriginal Corporation (women's safe house);
- Wyndham Action Group;
- Wyndham District Hospital;
- Community Health Services, Health Department of Western Australia;
- Department of Family and Children's Services;
- Police Department;
- Wyndham Youth Services; and,
- Wyndham Town Hotel.

2.4 Data Collection

When carrying out research in indigenous communities it is important that a variety of flexible techniques be used which are sensitive to the culture of the indigenous community and sensitive to the lack of administrative and technological infrastructure.[6] For this reason, a combination of quantitative and qualitative research strategies were used in the study. These strategies were finalised in consultation with Waringarri and Ngnowar-Aerwah.

The data were collected during two visits to Kununurra and Wyndham. The first visit was for five weeks in November and December 1997, and the second visit was carried out for three weeks in January and February 1998. To avoid Christmas

holidays and the Waringarri close down period, a five week break was scheduled between the two visits.

Though the objectives of each project varied it was possible to use similar, if not the same, data collection methods for all of the Waringarri and Ngnowar-Aerwah services. These will be described below. There were factors unique to each project which necessitated some modification of these methods and these will be described elsewhere in relation to those factors.

2.4.1 Documentary Data

At the commencement of the evaluation project, to clarify the histories, aims, objectives, strategies, funding sources and allocations, project outcomes, and results of previous evaluations, requests were made to both Waringarri and Ngnowar-Aerwah to forward as much documentary data on the projects as was available to the NCRPDA for review. This was supplemented by additional material provided to the Project Officer on her arrival in Kununurra and Wyndham. This data was reviewed and summaries of each project were prepared. These provided the basis for workshop discussions with organisational committees and project staff, which were conducted to develop further understanding of the objectives, strategies, and the strengths and weaknesses of the projects, and to establish appropriate data collection methods.

2.4.2 Statistical Data

Statistical data relevant to the operation of the various projects were obtained from a number of sources. The Miriwong Patrol provided data on the number of 'pick ups' for the 15 month period July 1996 to March1998. The Wyndham Patrol provided data on rates of 'pick ups' for the period of March to August 1997. Both sets of data were broken down by state of intoxication, age category and gender.

As part of the agreement under which the Moongong Dawang Sobering-up Shelter was established, the Shelter provides data on admissions to the Western Australian Drug Abuse Strategy Office (WADASO), and WADASO provided the evaluation team with this data for the period January 1995 to February 1998.

Data on arrests and lock-up detentions by the police—covering different but over-lapping time periods—came from four sources. The Crime Research Centre at the University of Western Australia provided data on arrests by type of offence and lock-up detentions for both Kununurra and Wyndham by Aboriginality for the years 1994 to

1996. WADASO (which was provided the data by the Police Department) supplied data on police lock-up detentions for both towns for the period January 1995 to February 1998. The Wyndham police station provided 'Monthly Work Study Summaries—Quarterly Returns' for the period January 1997 to March 1998 which included total arrests, total lock-up detentions, and transfers of drunken persons to other places. The Kununurra police provided data on total arrests, total lock up detentions, and transfer of intoxicated persons for the period October 1997 to March 1998.

The Health Department of Western Australia provided data on alcohol related deaths in Kununurra and Wyndham by Aboriginality and sex for the years 1993 to 1996. The Department also provided data on all hospital admissions in Kununurra and Wyndham by cause, Aboriginality, age, and sex for the same period.

Ngnowar-Aerwah Community Centre provided summary reports on the number of client contacts by type of service provided, and on the number of education sessions conducted, for the years 1996 and 1997. The Seven Mile Rehabilitation Centre provided reports on the number of admissions and the number of client contacts by type of service provided for the same period.

The staff at Marralam Alcohol Treatment Centre had developed a set of four forms to identify individual client needs and progress. These were: initial interview and assessment; assessment and action plan; pre-release assessment; and, follow-up questionnaire. The forms have the potential to provide useful information on client type, client response to treatment, performance and productivity of the service, and ways to better address client needs. Unfortunately, however, the ongoing assessment of clients has not been carried out by Marralam staff. While one or more of the assessment forms had been completed for 29 clients, all four forms had been completed for only two clients. In addition to the assessments conducted by Marralam staff, pre and post medical assessments of clients are suppose to be carried out by a doctor from EKAMS. However, it appears that post medical assessments were not undertaken or, if they were, there were no records of them in client files. As a consequence of the incompleteness of these records, it was not possible to make a true comparison of clients' conditions pre and post treatment. However, data from completed pre-release assessments with nine clients, interviews with 14 ex-clients, and interviews with staff provide some indication both of what clients gained by going to Marralam, and of the service delivery and outcomes of the Marralam Alcohol Treatment Program.

2.4.3 Interviews

Interviews were conducted with community and family representatives, clients, and representatives of other agencies in order to obtain data on community needs and perceptions of the extent to which the various services were meeting those needs. Initially, a detailed list of questions on various matters of interest was developed and this was edited into separate interview checklists for community and family representatives, clients, and representatives of other service agencies. Each of these checklists included sub-sections on each of the services provided by Waringarri and Ngnowar-Aerwah.

Interviews with community or family representatives and past clients were held at their homes or places of work, or public places such as parks. Interviews with representatives of other service agencies were conducted at their offices. It was anticipated that interviews would take 20 to 30 minutes to complete. However, the community and service agency interviews usually took an hour, but some lasted as long as two and a half hours. The time it took to complete the interview was largely dependent on the interviewees. A number of community representatives appreciated the opportunity to talk about alcohol related problems and were keen to assist in the strengthening of programs aimed at minimising alcohol and other drug related harm. Past clients, on the other hand, were reluctant to participate and without the involvement of the Research Assistant very little data would have been collected from them.

It was intended that all interviews would be taped. However, many people were reluctant to be recorded. Accordingly, hand written interview notes were made instead. Following some interviews, debriefing sessions between the Project Officer and Research Assistant were recorded. These taped discussions and the interview notes were later entered into a computer.

As well as the unstructured interviews with community and family representatives, clients, and the representatives of other agencies, structured interviews were held with Waringarri and Ngnowar-Aerwah staff members. As most staff had experience in collecting data or conducting client assessments, the use of structured interviews was both appropriate and efficient. Each of these interviews took approximately an hour to complete.

2.4.4 Observational Data

Visits to each project were undertaken to observe the project resources and facilities, the skill level of the staff and the clients' responses to the services. Particular attention was paid to the degree to which staff of each project carried out the various strategies and complied with policies and procedures.

Waringarri Alcohol (Counselling) Project

Formal observations of the service were carried out over three days, and additional informal observational visits were made every second or third day over the eight week period. However, during the three days of observation only one client came in for counselling. It appears that clients rarely use the services of the Alcohol Project for anything other than referrals to the residential Marralam Alcohol Treatment Program.

Marralam Alcohol Treatment Program

A site visit to conduct interviews and observe activities at the Marralam Alcohol Treatment Centre was initially scheduled for November 1997. However, at the time of the scheduled visit, problems with plumbing at the Centre required the evacuation of clients. When this had been rectified, on the 19th December 1997, the Centre—like all Waringarri services—closed for the Christmas period and because of flooding it did not re-open until the 9th February 1998. It was thus mid-February before a two-day site visit was conducted. However, at that time the track to Marralam was flooded and only three clients were in residence there.

Miriwong Patrol

Two formal observations of Miriwong Patrol activities on the streets were made on the Thursday and Friday nights of a pension/pay week in early December. These nights were selected because they are usually high activity nights, although several patrollers commented that those particular nights were unusually quiet. Observation of patrol activities were also made at the Sobering-up Shelter on a Wednesday night of a non-pension week. In addition, on four nights, the project officer made unscheduled, unobtrusive observations—each of which was of between 20 and 30 minutes duration—of Patrol activities outside the Hotel Kununurra.

Moongong Dawang Sobering-up Shelter

To complement the data obtained from workshops and interviews, two periods of structured observations at the Sobering-up Shelter were undertaken. The first observation period was on a Thursday night and Friday morning in December. It commenced at 7:00 pm and continued until 11:45 pm when there was a change in

rostered staff. Observation re-commenced at 5:00 am on the Friday morning and continued until 8:00 am when the Centre closed and the Shelter manager started his day in the office. The second observation period was between 5:30 pm to 9:00 pm on a night in February. In addition, in January and February six unscheduled visits between 20 minutes and two and a half hours were made to the Shelter during which observations were also made.

Ngnowar-Aerwah Community Centre

Two days were scheduled to observe the functioning of the Community Centre. During this time the female counsellor and administrator were away on leave and the only people in the office were the community alcohol worker (who is also the manager of the Seven Mile Rehabilitation Centre) and the trainee secretary. As there was little activity at the Centre, on both days observations were curtailed so that more effective use of time could be made gathering other data.

Seven Mile Rehabilitation Centre

Daily visits during different times of the day were made to Seven Mile Rehabilitation Centre to mainly build rapport with the clients and to establish a week by week perspective on how the Treatment Program is conducted. During this period the research assistant—who has had experience in the treatment of alcohol and drug problems—was able to observe one of the counselling/life skills training sessions.

Ngnowar-Aerwah Patrol

During the second stage of data collection, when the evaluation team was in Wyndham, the Patrol was not operating because of a need to test all patrollers for, and vaccinate them against, Hepatitis B. This meant that the two formal observations of the Patrol's activities had to be conducted around this, rather than on the nights of most activity.

2.5 Data Analysis

2.5.1 Analysis of documentary data

The documents, reports and other literature supplied by Waringarri and Ngnowar-Aerwah on the alcohol projects were filed by project. An index was made of all significant information, and was summarised under relevant project headings. These

data were used mainly to establish the aims, objectives, strategies and policies of each project and the results of other data collections were compared to them in order to measure both outcome and process variables.

2.5.2 Statistical Analysis

Statistical data provided by the Moongong Dawang Sobering-up Shelter, Miriwong and Ngnowar-Aerwah Patrols, Health Department of Western Australia, Western Australian Drug Abuse Strategy Office, Kununurra and Wyndham Police Stations, and Crime Research Centre was used to analyse the monthly and annual rates of clients that have used the Patrols and Sobering-up Shelter and to measure to what extent these services have impacted on the rates of alcohol related harm and hospital admissions, and the rates of crime, police arrests and detentions in police lock-ups.

The Wyndham Patrol was established in 1997 and, to measure the impact it had on the number of people being arrested or taken into police custody, data from January 1997 and March 1998 was obtained from the Wyndham Police Station and WADASO. Data on total police detentions in Kununurra was also provided by WADASO for the same period.

Tables of all police arrests by Aboriginality and type of arrest, and tables of all lock up receivals by Aboriginality and type of detention for both towns, were prepared by the Crime Research Centre for the period of 1994 to 1996. The numbers of Aboriginal people arrested each year were converted into rates per 1000 population using population figures from the Australian Bureau of Statistics (ABS) 1996 Census. As there was only a 7 per cent and 9 per cent rise in the Aboriginal population from 1991 to 1996 in Kununurra and Wyndham respectively, the population figures for 1996 were used to calculate the rates of arrests and detentions for each year. This may result in a slight over or under calculations of rates depending if the year is pre or post 1996.

The 1994 to 1996 data provided by the Crime Research Centre and the data from January 1997 to February 1998 provided by WADASO on the rates of total Aboriginal people detained by police were analysed using Statistical Package for the Social Sciences (SPSS). As too was the data on total arrest rates of Aboriginal people in Wyndham and Kununurra provided by the Crime Research Centre and the Wyndham Police Station.

Data collected by the two Patrols on client contacts/pick ups included gender, whether or not clients were intoxicated, and whether they were young people or adults.

Sobering-up Shelter data included only the gender of clients. These data were entered into a computer using the SPSS program and, along with police arrest and detention data, the total client pick ups and client admissions were analysed using simple cross tabulations.

Tables of hospital admissions data by Aboriginality for Kununurra and Wyndham were prepared by month and age for the period July 1993 to June 1997. Data on total alcohol related deaths by Aboriginality in Kununurra and Wyndham were prepared in tables by month and age from January 1993 to December 1996 by the Health Department of Western Australia. The data were entered into the SPSS program, converted to rates, and analysed using simple frequency calculations and cross tabulations.

2.5.3 Analysis of the Interview Data

Three databases were developed, using Microsoft Access software, to analyse data from the:

- community member, client and service provider interviews;
- staff interviews; and
- client assessment forms that were developed by the staff at Marralam to record the clients' history, progress and treatment outcomes.

The first database contained the background information and responses to questions from 55 individual and group interviews with community members, clients and service providers. The information was entered into eight sub-sections, the first of which recorded the number of people that participated in the interview, the community they represented, whether they had used the alcohol services, and what they considered to be the main causes and consequences of the misuse of alcohol. Each of the remaining sub-sections represented one of the eight alcohol projects. The project information was stored in four fields containing data on: strengths of the project; weaknesses of the project; recommendations; and comments. When data entry was completed the responses were coded using a list of 50 keywords that referred to the objectives and processes of the projects. The purpose of the analysis was primarily descriptive, however, frequencies of responses were calculated for each keyword, and lists of the most common responses in relation to each project were prepared. A second set of data was compiled which listed the descriptive responses by keyword for each of the projects. Both sets of data were used to gauge whether the various Waringarri and Ngnowar-Aerwah alcohol projects were meeting the needs and expectations of the

community, and to measure to what extent the projects were achieving their process and outcome goals.

The second database contained the responses of the Waringarri and Ngnowar-Aerwah staff. The database was modelled on the questionnaires used during the interviews, each question being represented by a data field. The responses to the questions were entered into the corresponding data fields and then coded using the same list of keywords used to code the community, client and service provider data. Categorical responses such as yes or no were analysed using basic frequency calculations. The other descriptive data were analysed using procedures similar to those described above, the keywords were listed in order of priority, the priority measured by the frequency of responses, and a print out of detailed responses by keywords were produced for each project.

The third database contained information from the Marralam Alcohol Treatment assessment forms. As mentioned earlier in this chapter, Marralam staff had designed four assessment forms: initial interview and assessment; assessment and action plan; pre-release assessment; and, follow-up questionnaire. This database was modelled on these assessment forms, each being represented by a sub-section in the database. A data field represented each question from the assessment forms. Most of the information collected was qualitative, however, to establish the most common outcomes and client opinion of the Treatment Program, the data was coded and frequencies calculated.

The strength of the data contained in the three databases is its descriptive quality. Though the coding assisted in identifying the priorities of the community and the main strengths and weaknesses of the projects, the qualitative nature of the information provided an insight into whether or not the objectives were being achieved, and more importantly, the reasons why the objectives were or were not being met.

2.5.4 Analysis of Observational Data

Summary reports of the observations of the alcohol projects were prepared. The observational information was sorted on the basis of whether it related to the objectives, strategies, policies, staff duties and performance, cost effectiveness, networking, or client response. This data was used to assist in assessment of the extent to which objectives were being met, whether strategies were being implemented, and if policies and procedures were being followed.

2.6 Reliability and Validity

Three factors suggest that a little caution should be exercised in interpreting the results of the evaluation. The original evaluation plan, developed in conjunction with Waringarri, proposed that data collection be undertaken over a 12 week period to evaluate its services alone. However, the present evaluation project also included the services provided by Ngnowar-Aerwah and the data collection period was reduced to eight weeks in the field. This meant that the time available to conduct interviews and make comprehensive observations of activities in each project was significantly curtailed. The effect of this was that the data that was collected was not as comprehensive as that which would have been gathered over a 12 week period.

As indicated above, record keeping on some of the projects was not always undertaken or complete with the consequence that there were large gaps in the data available to the project team. This—coupled with limitations on the availability of some statistical data and the fact that clients were generally reluctant to provide personal or other information—meant that, in some areas, project performance could not be adequately measured.

Despite these limitations, several aspects of the evaluation serve to enhance the confidence that can be placed in the results. The first of these is the fact that the evaluation was initiated by, and not imposed upon, the communities. Second was the close collaboration between the organisations and the evaluators. Together, these factors meant that the evaluation was seen in a positive light and as contributing to the improvement of the services provided, and there was no reluctance to provide data or information which in other circumstances might have been perceived as detracting from outside perceptions of the operation of the services.

The quality of the data collected was also enhanced by the participation on the research team of a community member with experience in conducting research. This participation ensured the development of appropriate data collection instruments and the collection of data, and that local community etiquette was observed. His detailed knowledge of the community and family networks also helped to identify possible biases in responses to questions about the projects as a consequence of family connections or differences with project staff.

As it was not possible to interview representatives of seven of the 22 out-of-town communities, discussions were held with Waringarri staff in an attempt to ascertain whether this might have biased the results of the interviews. Given that five of these

communities were made up of families closely related to others that had been interviewed and that members from another of these seven communities had been clients at Marralam, it was believed to be unlikely that their views differed significantly from those interviewed.

2.7 Ethical Issues

This evaluation has been conducted in accordance with the NH&MRC's ethical guidelines for conducting research among Aboriginal and Torres Strait Islander people.[16] The evaluation of its services was initiated by Waringarri itself. When the Office of Aboriginal and Torres Strait Islander Health Services became involved and suggested that the services provided by Ngnowar-Aerwah also be included in the evaluation, the original plan was modified through close consultation and negotiation with all key stakeholders. All financial costs pertaining to the evaluation were covered by a grant made by OATSIHS to Waringarri.

All those interviewed as part of the evaluation project were informed:

- of the purpose of the project and the data collection procedures;
- that unless they specifically wanted to be identified individually, all responses would be confidential;
- of their right to decline to participate in the evaluation; and
- that they could withdraw all or part of their statements at any time during the evaluation.

Due to the low literacy level of many participants, verbal—rather than written—consent to participate was obtained.

Although data collected as part of the evaluation is stored at the National Centre for Research into the Prevention of Drug Abuse for reasons of security and confidentiality, it remains the property of Waringarri and Ngnowar-Aerwah.

3.0 KUNUNURRA-WARINGARRI SERVICES

The Kununurra-Waringarri Aboriginal Corporation is an Aboriginal managed and controlled community organisation that was incorporated in 1984. It is directed by a Management Committee consisting of 12 representatives from the 27 surrounding out-of-town communities and four elected Aboriginal towns-people, from among whom a Chairperson and Vice-chairperson are elected. Waringarri has established one of the most comprehensive community development programs in Western Australia—including employment, media, arts, language and education, and alcohol services.

Waringarri's alcohol services began with the establishment of the Alcohol (Counselling) Project, and—in the past five years—have been expanded to include the Miriwong Patrol, Moongong Dawang Sobering-up Shelter, and Marralam Treatment Program. This array of services makes it one of the most comprehensive Aboriginal alcohol programs in the country. Together, the services aim to minimise the damaging effects of alcohol misuse among Aboriginal people in Kununurra and other East Kimberley communities, and have been designed to work together under the supervision of the Alcohol Project Coordinator.

3.1 Waringarri Alcohol (Counselling) Project

The Waringarri Alcohol Project is essentially a counselling service. It was established under the management of a non-Aboriginal coordinator in 1985 and, in 1986, an Aboriginal trainee was appointed to assist the coordinator. When the coordinator resigned in 1987, she recommended that the trainee be appointed to the coordinator's position. Although he had received some on-the-job training, the trainee lacked some of the necessary skills to take on the role of coordinator. To equip him for his new position, the trainee was enrolled in and completed the Associate Degree in Aboriginal Community Management and Development and Diploma in Addiction Studies at Curtin University of Technology.

Since 1987, the number of staff working on the Alcohol Project has increased to five. The Coordinator has been joined by three counsellors—two men and one woman—who are employed on a full-time basis out of the Marralam Alcohol Treatment Program budget, but who work half of that time on the Alcohol Project. The fifth counsellor—a

woman—is employed, using CDEP funds, as a part-time trainee on the Alcohol Project. The main role of these counsellors is to provide drop-in counselling and referrals, to follow-up clients who have left the Marralam Project, and to conduct community and school based education programs. In addition, the Alcohol Project staff have also played a major role in establishing the Patrol, Sobering-up Shelter, and Marralam Alcohol Treatment Program.

3.1.1 Waringarri Alcohol (Counselling) Project Description

A comprehensive review of Waringarri documentation on the Alcohol Project was undertaken to establish a clear understanding of its components. No one report provided a complete description of the project, and the following summary is based on several reports and staff job descriptions.

Objectives

- Provide support for people who continue to drink at hazardous levels, or experience difficulty in controlling their drinking.
- Increase awareness of alcohol related harms and strategies to minimise those harms.
- Promote community and Waringarri support for people who have difficulty in controlling their drinking.

Strategies

- Alcohol workers to visit drinking camps, to educate drinkers and to invite them to meetings.
- Visit individuals or families to discuss matters related to the misuse of alcohol.
- Each month, record a message about the alcohol services to broadcast on Waringarri Radio.
- Provide school-based alcohol education.
- Conduct discussions on alcohol policy and the program's progress at both committee and alcohol meetings.
- Provide individual or group counselling, and crisis intervention, at the Drop-in Alcohol Office or in the community, for any persons with an alcohol problem.
- Provide referrals to the Marralam Program, including assessment of clients and organising medical examinations for them.

- Conduct follow-up counselling for clients discharged from the Rehabilitation program.
- Liaise with, and support, other health and welfare agencies working in the area of alcohol abuse.

Planned strategies

A number of strategies and services for the Alcohol Project that were recommended and planned by the Alcohol Project Sub-committee and staff were identified in documentation dating back to 1995. Attempts have been made to design and develop the strategies; however, as yet, they have not been completed. These strategies include the following.

- Provide leadership training to teach clients to take on the roles they may previously had—such as family leaders, artists, musicians, dancers—and involve them in teaching the young people about the culture.
- Conduct family bush trips as a cultural means of addressing the issue of alcohol misuse and talking about associated problems.
- Develop a structured three-month education program to teach people about the effects of alcohol, to be conducted in schools and communities by the outreach worker.

Management and policy

- Promote self-determination for Aboriginal people, and to act as a role model in the community to this end.
- Liaise closely with the Alcohol Project coordinator, and to work to his/her instructions.
- Respect the confidentiality of clients.

Evaluation and on-going monitoring

- No evaluation or monitoring strategies have been identified by Waringarri.

3.1.2 Waringarri Alcohol (Counselling) Project Evaluation

- ***Provide support for people who continue to drink at hazardous levels, or experience difficulty in controlling their drinking.***

The Alcohol Project provides a variety of services that support people who are dependent on alcohol or are experiencing alcohol related problems. These services include counselling, follow-up, outreach, education, referrals to other welfare and health agencies, and advocacy work. The degree to which each of these services is provided varies, depending on availability of staff, resources, and client interest. The Alcohol Project team explained that, in the previous six months, most clients had come to the Alcohol Project to seek either one-off counselling or referrals to residential treatment at Marralam or the Seven Mile Rehabilitation Centre in Wyndham. None of the current staff could recall any clients who have sought, or been provided, regular non-residential counselling other than those referred by the Ministry of Justice.

Each staff member was asked what his or her duties and responsibilities were as an alcohol counsellor, and what work they undertook in an average week. The female counsellor reported that she visited the Marralam Centre every Monday, Wednesday and Friday to take stores and provide one-to-one counselling, and on Tuesdays and Thursdays carried out follow-up counselling and agency visits. The two male counsellors alternated jobs, changing at the end of each week. One would spend a week at the Marralam Treatment Centre where he provided counselling, supervised activities and cooked for clients. The other would spend the same week in town at the Alcohol Project Office where he provided drop-in counselling, follow-up, and organised referrals—including escorting clients to the offices of the East Kimberley Aboriginal Medical Service for medical assessments, arranging clients' health care benefits, locating clients and transporting them out to the Marralam Centre. The part time CDEP trainee counsellor spent most of her time at the Alcohol Project Office answering phones and attending committee meetings.

Observations conducted over three days, and those made during unscheduled visits over the eight weeks, revealed that most of these activities were being carried out to varying degrees by the counsellors. On most occasions clients who were referred to residential treatment were also provided one-off assessment and counselling. Between July 1995 and June 1997, staff referred 44 men and 25 women to the Marralam Alcohol Treatment Centre. The number of clients who were referred to other treatment centres is not known. However, it was evident that when Marralam is closed during the wet season, the number of referrals to other agencies increased. In January and

February, during the eight weeks that observations were made, four clients were referred to Seven Mile Rehabilitation Centre at Wyndham.

Much of the counsellors' time during the three days of observations was spent at the Alcohol Project office waiting for clients. However, during this time, only one client attended for drop-in counselling, and only two outreach visits were made. At the time we made observations, counsellors were supervising two clients who were referred by the Ministry of Justice and, depending on the clients, counselling was conducted at the Alcohol Project office or at the client's home twice weekly. The counsellors conducted additional follow-up and outreach at least once a week. The two days of follow-up and outreach counselling that the female counsellor said she provided were not being undertaken on a regular basis. Most of the follow-up or outreach work that was undertaken, involved informal discussion about how alcohol makes people feel and what people can do to reduce its harmful effects, and taking drinkers and family members out for day-trips to the Treatment Centres.

Based on observations by the project officer and interviews with staff, between two and ten clients sought counselling each week. In addition, some counsellors provided informal consultations and follow-ups each week outside working hours when they were approached in the street and/or in their communities by people seeking help regarding their own, or a family member's, drinking or drug taking. There was little structure to these counselling sessions and the amount of work undertaken by each counsellor was limited. These observations were supported by data from interviews with clients and community members who reported that, although follow-up and outreach counselling was carried out by the Alcohol Project staff, it was infrequent and did not always meet the needs of the clients and family members.

Many family and community members suggested that more structured non-residential counselling and treatment programs should be provided in town.

- People should not have to leave town to undertake treatment. To go to residential program in the bush, people have to give up job, and leave their family to attend.
- The counsellors used to come to the community, but not any more. ... Don't see people being helped.
- (Counsellors) should provide day treatment and education to people who don't want to attend the residential program.
- It would be good for counsellor to visit us (people giving up the grog), but they haven't visited me since I left Marralam so I'm now doing it on my own.

Family members who lived with clients or drinkers, also suggested that the counsellors should conduct outreach education programs and follow-up counselling in which family and community members, as well as clients, could participate.

To some extent, the work of the counsellors in this area was made difficult by a common perception among clients—as well as among some staff and community members—that treatment is, essentially, supervised residential care. It is apparent from the responses in the Marralam assessment questionnaires that clients who participated in the Marralam Treatment Program believed the time away from the grog and associated pressures was as, if not more, important than the Treatment Program itself. This appears to contribute to the low number of clients who sought, and were provided with, non residential and drop-in counselling.

The counsellors also indicated that providing counselling and education services to some clients was difficult because those clients were reluctant about, or even hostile to, being approached. As the counsellors said:

- Before you can go out to visit clients, they first have to *want* to be counselled.
- When we go out to the community, people see us and hide ... It makes it difficult.

When the clients themselves were asked 'How does it make you feel when people ask you to stop drinking or using other drugs?' some responded positively—for example,

- (Its) good knowing somebody cares.

However, the most common responses indicated that it made people angry and 'shamed', and that they were not receptive to outreach education intervention, unless approached sensitively by the counsellors.

Although there was some objection among heavy drinkers to the counsellors visiting them to 'lecture on the harms of drinking', there was overwhelming interest in outreach that involved recreational activities or in which counsellors provided assistance in transport, social security and other advocacy work. Some clients suggested that the Alcohol Project counsellors visit them, not particularly to provide counselling as such, but rather to offer some company and moral support. Many clients who did try to give up alcohol break away from their drinking group/s and spent much of their time at home alone, away from the pressures to drink. For those people, a visit from the counsellors was a welcomed break from the solitude. The counsellors do provide some of this type of support. However, to what extent is uncertain, as much of it was not recorded.

While the counsellors know what they are required to do, they do not always have the skills or experience to do so. For example, counsellors are aware they are required to visit drinking camps and educate drinkers, but do not know how to go about it. Investigation of the factors that impede the provision of support for people with alcohol dependence revealed that, like the staff of many remote community-based programs, those of the Alcohol Project were employed without any prior experience or training. Instead, they relied on their own experience in 'giving up the grog' to establish strategies to help others. The counsellors spoke frankly about the lack of confidence they have in their abilities as counsellors, the need for more support and guidance on the job, the need for on-going training, and the impact these factors have on their productivity. There was overwhelming support from the community and service agencies for the idea that the counsellors be provided with the opportunity to complete relevant training courses, and for the Alcohol Project Coordinator to play a more active role in assisting the counsellors in developing and implementing prevention programs.

- ***Increase awareness of alcohol related harms and strategies to minimise these harms.***

As no assessment of client and community awareness of the harms associated with alcohol use had previously been undertaken, it was difficult to determine whether there has been any change. All those who were interviewed were generally aware of the problems caused by excessive use of alcohol, and some of the reasons why people use alcohol. It was interesting that the majority of community members and clients interviewed in Kununurra thought that the only way to address alcohol misuse was for problem drinkers to abstain. The 12 steps of Alcoholics Anonymous was identified by a number of community members and clients as a strategy to reduce alcohol misuse—although there were mixed views about the appropriateness of AA philosophies for Aboriginal people. Community members were less aware of other strategies to minimise the effects of, and harms associated with, alcohol misuse. Clients, however, were more aware of such strategies, and it would appear that this difference is a result of participation in the Waringarri program.

Brief messages about the services provided by the Alcohol Project are broadcast at least twice daily over Waringarri Radio. However, at the time the evaluation was conducted, they had not been up-dated on a monthly basis as initially proposed. Nearly all of those interviewed in Kununurra and surrounding communities had heard these recordings, but they wanted to hear new messages. During the course of the

evaluation, the counsellors responded to this and developed a new message for immediate broadcast.

In the past, Alcohol Project staff have conducted a number of educational programs and campaigns. Community representatives reported that previously these had been conducted often and had been well received. However, it appears that the frequency with which they have been conducted has dropped significantly. School based education has not been provided on a regular basis since 1995; and, in 1997, project staff conducted only one community education session and only one school based education lesson.

Alcohol Project staff were supposed to have developed and implemented an on-going school based education program, conducted regular community based education and outreach, and recorded monthly radio messages. However, apart from providing counselling and referrals, it is evident that very little was being done by Alcohol Project staff to promote client and community awareness about alcohol and its effects. The main reason for this was that the staff did not have the necessary skills or experience, and they required guidance and support in developing and implementing such programs. This was exacerbated by the fact that the Alcohol Project coordinator is involved in a number of important community initiatives that impose significant constraints upon the amount of time he could dedicate to staff supervision. It is also important to remember that while a number of community members and clients have expressed and interest in alcohol education, not all wanted to participate in such programs.

- ***Promote community and Waringarri support for people who have difficulty in controlling their drinking.***

It was difficult to determine whether the Alcohol Project has had any impact in increasing the level of support that the community provides for people who have difficulty in controlling their drinking because there is no data on levels of community support prior to the introduction of the project. In interviews, community members identified a range of strategies employed by people to support problem drinking. These strategies included: advising drinkers on the harm they cause to themselves and their families; taking care of the children of dependent persons; and attempting to prevent alcohol misuse among young people by assisting them to gain employment. However, staff, clients and community members indicated that there has been no increase in

such support, and that which did occur appeared to result from cultural and family responsibilities rather than from the influence of the Alcohol Project team.

The high rate of relapse among clients who had returned to the community after leaving treatment was strongly associated with the lack of such support. It was also a result of the countervailing support in some sections of the community to continue drinking. This was reflected in the comments made by some of the clients that are listed below.

- There is plenty of support for you to drink, but not much for you not to drink.
- Come back from 'dry out' and friends say 'Have a drink, go on, just one drink'. If you say 'No', they try and make you (feel) guilty. They say 'You don't take my drink, you no brother to me'.
- When I decided to give up, that was it. No more. But people try and make you. One bloke he put $100 on a carton and said you can have that money if you drink a can.

Some of the community representatives interviewed explained that—as well as supporting those who are attempting to control their drinking—it is also necessary to provide assistance and expertise to family members who are helping them to do so; and that insufficient resources and advice were provided to members of the community-based client support networks. A number of people interviewed explained the difficulties they experienced in trying to help family members tackle their drinking and drug problems.

- As soon as I get my money I have to give it to him. ... He spends all his own money on ganja and alcohol ... I have to give it to him or what else can he do.
- I try and help them and they turn around and call me a fat old bitch. ... When they sober they feel shame and come and apologise, but still it's not right.
- I try and talk to my son but he doesn't listen. We try and get him into dry out centre, but he runs away. ... What can you do when they won't even listen to family.
- You got to keep talking to them, tell them about the grog and what it's doing. It may take ten or twenty time, but one day they'll realise what you tell them is right and the next time you talk with them they will want to change.

Responses by community members indicated that the key to promoting community support for problem drinkers is for Alcohol Project counsellors to provide assistance to family and members of the drinkers' support networks. In this regard, they thought that Alcohol Project staff have to take action and provide a lead for others to follow.

The success of any future attempts by Alcohol Project staff to promote community and Waringarri support for problem drinkers will be limited by two factors. First, is the

poor conditions in which many Aboriginal families in Kununurra live—often made worse by the over-crowding which occurs when family members from out of town visit. This makes coping with personal problems difficult enough, without having to deal with the problems caused as a result of alcohol misuse by other family members. Second, is the limited opportunity for community members to socialise or interact without the presence of alcohol.

Waringarri conducts several other projects that attempt to improve living conditions and employment opportunities, increase cultural awareness, and provide social activities. However, it is clear that there was little interaction between these projects and the alcohol projects. Both community members and other service providers suggested that the Alcohol Project would be more effective in supporting drinkers and their families if it was better coordinated with the other Waringarri projects. Among suggestions made in this regard was that Waringarri provide resources such as vehicles to community groups to organise activity days and outings that would bring the families together in an alcohol free environment.

3.1.3 Extent to Which the Objectives of the Alcohol (Counselling) Project Were Meeting Community Needs

The stated objectives of the Alcohol Project have clearly been developed to reflect the needs identified by members of the community. However, those community and family representatives interviewed reported that the community did not have sufficient information about the activities of Alcohol Project staff. On the one hand, this reflects the limited impact of the project in some areas—such as increasing community awareness and providing support to members of the wider community. On the other hand, to a lesser extent, it reflects the fact that the successes of the Alcohol Project team have received little publicity.

There was strong support among community representatives for the existing objectives of the Alcohol Project. However, concern was expressed over what was seen as the lack of vigour in pursuing strategies to meet the objectives and the consequent limited success in achieving them. In particular, community members identified the need for the project team to provide:

- more outreach and follow-up counselling;
- more public awareness and education campaigns;
- more support for those in the community who are caring for problem drinkers;

- 'alcohol free' alternative activities such as concerts and outings, and resources for these including making available a vehicle; and
- an 'alcohol free' activity centre for people who have difficulty controlling their drinking and for community members who wish to escape the 'humbug' caused by drinkers.

Beyond this, community representatives also expressed concern at the impact that alcohol misuse among adults was having on young people. They were also concerned about the apparently increasing use of alcohol and cannabis by young Aboriginal people and identified lack of alternative activities as a major factor in this. Accordingly, some community representatives suggested that the objectives of the Alcohol Project be expanded to include increasing community participation in healthy alternative activities and that particular focus be given to the needs of young people.

Amid these various suggestions, it was encouraging, that a surprising number of people indicated that they would like to know more about the services offered by the Alcohol Project and about the staff, and they suggested the team members do more to make their activities known.

3.2 Marralam Alcohol Treatment Program

As Waringarri's Alcohol Project developed, it became evident that a residential Treatment Program was also needed. Marralam, one of the communities that are part of Waringarri, was chosen as the site for the residential program because:

- clients had previously been sent there on an informal basis under the care of the community Chairperson;
- it was located out of town and away from access to alcohol;
- it was one of the remaining 'dry' communities where none of the community members used alcohol;
- it provided opportunities for activities such as hunting and fishing; and
- the Alcohol Coordinator had a good relationship with the Chairperson.

Establishing the Centre at Marralam was a lengthy process involving negotiations between the community, funding bodies, and Waringarri. In 1987, negotiations commenced between the Marralam chairperson, Waringarri Executive Committee, and the Alcohol Project coordinator to devise a program and plan the Centre. In 1990, the Alcohol Project had a surplus of $12 000 and the funding agency at the time—the Western Australian Alcohol and Drug Authority—agreed that this money could be used

to purchase two small buildings and transport them to Marralam as the first stage of development of the Treatment Centre. In early November 1995, the manager's residence was completed, along with other major capital works—including a new generator, overhead power lines and a ten thousand-litre diesel tank for the generator. Other improvements since then have included the establishment of a vegetable garden, extension to lawn areas, and the planting of new fruit trees and various flower beds.

3.2.1 Marralam Alcohol Treatment Program Description

Marralam community is located in the Northern Territory 90 kilometres north east of Kununurra. The Alcohol Treatment Centre is situated approximately 100 meters from the Marralam community and consists of:

- a kitchen complex with a dining area that has been converted into the men's quarters;
- two small transportable buildings that are the female and family quarters;
- a building that contains separate male and female ablution rooms, a television and training room, open-air kitchen for the women, and the staff office;
- a tool shed; and,
- the manager's house which is located approximately 20 meters away from these buildings.

At present the Centre can accommodate up to 10 clients—either six single men and four single women or six single men and two family groups. The number of clients present at any one time varies, particularly with seasonal factors. In the wet season, for example, potential clients are reluctant to stay at the Centre because of the high risk of isolation.

The Centre staff consists of a male non-Aboriginal manager, a female non-Aboriginal support worker, two male Aboriginal counsellors, and a female Aboriginal counsellor. As indicated previously, the Aboriginal counsellors divide their time between Marralam and Kununurra, spending alternate weeks working on residential and non-residential projects. They ultimately report to the coordinator of the Alcohol Project, but work under the supervision of the Centre manager while posted at Marralam.

The original philosophy on which the Marralam Alcohol Treatment Program was based is that alcohol and other drug dependency is a disease that can be arrested but not cured.[17] It included concepts taken from Holyoake Institute, C.A.A.P.U., and Alcoholics Anonymous. The staff at Marralam realised that abstinence based treatment

was not suitable for all clients and, in an attempt to meet the individual needs of the clients, the program was modified to include alternative treatment options which incorporated aspects of local Aboriginal cultures, harm minimisation and other alternative treatment strategies.

This new approach to treatment is called the 'therapeutic community' model. Rather than being a highly structured and institutionalised environment as with other rehabilitation centres, the Marralam Treatment Centre has been converted into a small, self-contained community. On entering the program, clients are considered to be members of the 'treatment community' and are required to participate in daily work activities which aim to develop their life-skills. As well as providing a setting where clients can re-learn how to interact socially without alcohol, the therapeutic community model also provides:

- informal group and individual counselling which is usually initiated by the clients;
- education sessions that mainly involve the presentation of alcohol and drug education videos;
- cultural awareness training which includes bush trips, arts and crafts and special cultural events; and,
- a young people's program that aims to promote safe drinking habits among young men and women.

As part of this approach to treatment, clients are not obligated to stay for the duration of the recommended three month program and—unless referred by the courts—are free to leave when they wish. From July 1995 to June 1996, 16 men and 16 women entered the Marralam Treatment Program. The following year, the numbers rose slightly to 28 men and nine women. However, only a small minority of those who entered it completed the recommended three month Treatment Program.

Additional information regarding the Marralam Alcohol Treatment Program's objectives, strategies, and policies is discussed in the following project description that was summarised from annual reports and project records.

Objectives

- Improve the health of residents.
- Educate residents about the effects of alcohol.
- Equip residents with an understanding of their patterns of alcohol use.
- Enable residents to identify and achieve personal goals.
- Develop client skills and individual strategies to prevent the misuse of alcohol. These strategies may include controlled drinking or abstinence.
- Promote the local Aboriginal culture.
- Raise the self-esteem and confidence of clients.

Strategies

- Conduct a medical assessment of each client before being admitted to the program.
- Conduct a treatment assessment of each client on entering the program to develop individual rehabilitation programs.
- Provide an alcohol free residential service for clients and family members.
- Conduct formal and informal group meetings on a daily basis and Alcoholics Anonymous education and video sessions.
- Provide a young people's program that educates the younger male and female clients about safe and responsible drinking habits. (This aspect of the program does not appear to have been conducted in 1997, as few young people entered the program.)
- Provide materials to carry out cultural activities and crafts.
- Undertake the relapse prevention component of the program with each client before they leave Marralam which involves:
  - pre-release assessment;
  - planning lifestyle options and strategies to avoid relapse;
  - organising follow-up by town counsellors; and
  - attempting to foster support from the client's families and home communities.

Other services

- Arrange enrolment in the School of the Air for the children of clients staying at Marralam.

Referral protocol to Marralam Alcohol Treatment Centre

- No direct referrals to the Marralam Treatment Centre can be made to the Centre Manager.

- All referrals from agencies must be directed to the Alcohol Project Coordinator or the female or male counsellors based at Waringarri.
- An initial assessment of the potential client will be undertaken by the counsellor/s. The counsellors are to first check the file system for any previous records on the particular client. The assessment includes a review of:
  . present health conditions;
  . family situation;
  . drinking history;
  . assistance being requested versus what is required; and,
  . other rehabilitation options which include Daly River, Foundation on Rehabilitation with Aboriginal Alcohol Related Difficulties (FORWAARD), and Ngnowar-Aerwah.
- Relevant client information regarding special needs or existing medical conditions should be recorded.
- Once the initial assessment has been undertaken, the counsellor will arrange a full medical examination for the client. The doctor may advise that the client undergoes detoxification at the Hospital.
- A decision will be made by the coordinator/counsellor of the Alcohol Program in regard to the person's suitability for the Marralam Alcohol Centre program based on the initial assessment and medical examination.
- The Marralam manager will be contacted to determine the availability of suitable accommodation and arrangements will be made to transport the client to the Centre.

Management and policy

Client admission and rights

- Residents are expected to observe the following rules. Any breaches will be grounds for immediate suspension from the program.
  . Alcohol is not to be consumed while on the program.
  . No violence.
  . No damage to property.
  . No stealing.
- Residents are responsible for the consequences of their actions while involved in the program.
- Residents are to be respected by the staff as unique individuals with specific needs. That is, the treatment of each client should be consistent with the agreed action plan decided upon by the client.

- Residents maintain the right to self-determination at all times, that is, they have complete freedom of movement at any time.
- Residents have rights to personal privacy while at the Centre.
- The Centre manager can be involved in any visit from Community Corrections.

Privacy and confidentiality policy

- Two types of confidentiality will be observed:
  . confidentiality between a resident and counsellor; and
  . confidentiality within the Waringarri Alcohol Project, that is, residents may only be discussed between alcohol staff.
- Waringarri Alcohol workers will not release information about residents to any individual or organisation without written permission from the person concerned and all records will be kept in a locked filing cabinet and only be available to other staff. This permission can only be granted by both parties signing the 'Authority to Release Information' form.

Evaluation and on-going monitoring

- Daily records of service and activities are to be provided by the manager.
- Medical assessment before and after the Marralam Project, to measure health changes.
- Four assessments are to be carried out during the client's stay at Marralam using questionnaires.
  . Assessment on entry into the program to identify the client's characteristics and needs so that appropriate treatment strategies can be developed.
  . Progress assessment to monitor progress and to get feedback about how the program is working for the client.
  . Pre-release assessment to evaluate the client's achievement of personal treatment goals, determine if the client is ready to leave the program and to identify follow-up needs.
  . Follow-up assessment to evaluate if the clients have maintained positive behaviour changes.

3.2.2 Marralam Alcohol Treatment Program Evaluation

In order to place this evaluation into perspective, it is first necessary to describe the types of client groups who utilise the services at Marralam because the achievement of

the program's objectives were to some extent circumscribed by the motivations of the clients. There were two very distinct client groups: those who wished to change their drinking behaviour; and those who wanted a break from drinking. The main motivation to enter the program for this latter group was to improve their health, to temporarily get away from the 'grog', and reconnect with the land and their culture. For this group of clients, it was difficult to measure 'successful' treatment outcomes—as measures such as the number of days abstinent or knowledge gained through education were not appropriate.

Evaluating outcomes was further restricted by the limited amount of client assessment data available. The review team had intended to use information gathered from records of the four stage assessment procedure (detailed above). However, the assessments were not being regularly conducted and the records were not adequately kept. For example, of the 69 clients who entered the program between July 1995 and June 1997, only nine completed a pre-release assessment and only five completed a follow-up assessment. As a consequence, a full assessment of project outcomes was not possible.

The reasons client assessments had not been conducted appear to be related to a combination of the length of time each assessment takes (45 to 90 minutes), the reluctance of some clients to be assessed or to take part in such a lengthy process, and the short notice given by some clients when leaving the program which precludes a lengthy assessment. This was particularly unfortunate as the forms developed by the Marralam staff have the potential to be extremely useful in identifying the needs of clients, monitoring their progress, and evaluating the success of the project. The manager had already recognised this problem and restructured the pre-treatment assessment so that it now takes 10 to 15 minutes to complete. The review team acknowledges that the remaining assessments need to be detailed for the purpose of client management. However, we recommend that they are all are shortened so that at least some essential data can be collected on all clients.

It appears from discussions with the counsellors that the assessment information was rarely used in the treatment and follow-up of clients. Furthermore, it was not analysed or discussed in the Marralam annual reports. For these reasons it was an under-utilised source of valuable information. This was largely due to the way in which the information was stored. The Alcohol Project and Marralam filing systems 36were ineffective and information was not easily accessible. The projects would greatly benefit from transferring all client data into a computer database that can be searched using

relevant keywords. This would enable client data to be retrieved quickly and would simplify the analysis of client and project outcomes.

- ***Educate and increase abstinence or controlled drinking among clients***

Three main objectives form the core of the Marralam Treatment Program:

- educate residents about effects of alcohol;
- equip residents with an understanding of their patterns of alcohol use; and
- develop residents' skills and individualised strategies to prevent the misuse of alcohol.

Education sessions, group counselling and individual counselling were conducted to achieve these objectives. However, no components of the Treatment Program were compulsory and it appears that there were inadequate processes in place to actively involve clients in activities. As a result, counselling and education opportunities were under-utilised and this has limited the project's success in meeting these objectives. Records indicated that only 72 group and individual counselling sessions—involving a total of 119 client contacts—were conducted in 1997. This represented an average of three to four counselling session per client and approximately five to six counselling sessions being conducted per month. The counsellors estimated that the number actually conducted was slightly higher—between approximately 8 to 12 sessions a month. Even so, the frequency of counselling provided was considerably less than would be expected in an alcohol treatment program.

In the early stages of the Treatment Program, the counselling sessions were based on Alcoholics Anonymous principles and were presented by the non-Aboriginal managers. Over time, client feedback resulted in a change of counselling style and content, with a move away from the structured format of the twelve steps program. Discussions held with the Marralam manager and support worker indicated that this occurred because:

- many clients who went to Marralam did not want counselling or any structured activities;
- structured counselling did not work for Aboriginal people;
- counselling did not work unless it was client initiated; and,
- counselling was best provided by other Aboriginal people.

Consequently, they developed an informal approach in which counselling was tailored to the needs of individuals and only provided when specifically requested by clients. This individualised counselling was to have been supplemented by informal group counselling sessions conducted by Aboriginal counsellors. It was intended that all

counselling duties be gradually handed over to the Aboriginal counsellors as they became more skilled.

Although this approach had the potential to meet the needs of individual clients, it was based on some questionable assumptions and several prerequisites. First, it assumed that clients knew what types of counselling were available, knew what strategies would best suit them, and were confident enough to ask for what they wanted. It also required that counsellors had a good understanding of the various theories of alcohol misuse and appropriate interventions. While the manager and support worker had each completed a Post Graduate Diploma in Addiction Studies, the training undertaken by each of the Aboriginal counsellors only consisted of a small number of workshops and seminars. The review team believe that it is imperative for the counsellors to attain formal qualifications—at least to the certificate level—if individualised counselling is to continue.

In an endeavour to establish a better understanding of the type of counselling that was provided at Marralam and the way in which it was offered, the review team interviewed 16 clients or ex-clients. The responses of these clients were varied—some said no counselling was offered at all, while others said that the counsellors brought the clients together one or two afternoons each week for informal group discussions about alcohol and related issues. It was also reported that informal one-to-one counselling was conducted, at least with some clients on a weekly basis, and this was usually initiated by the clients themselves. Based on these responses, it is apparent that the level of counselling varies from week to week and, because it was up to the client to initiate it, the degree to which each client received counselling varied. In some cases, especially among those who did not wish to change their drinking behaviour, clients did not receive counselling at all.

When clients were asked if the project could be improved in any way, most said that formal counselling should be routinely offered in addition to informal counselling. The division among clients was not along the lines of whether or not more structured counselling should be provided, but whether or not it should be compulsory. Community and family representatives also believed that there was inadequate counselling at Marralam. One respondent summed up the opinion shared by most family and community members when she said, 'everyone who goes (to Marralam) said there is no counselling, just gossiping'. The majority wanted the program to become more structured and include scheduled counselling sessions that all clients would be

required to attend at least twice a week, regardless of whether they wanted to change their drinking behaviour.

Similar problems also apply to the education component of the program. The staff explained that a number of clients expressed an unwillingness to participate in formal education, and as a result, no structured education sessions were conducted during 1997. The only education component that remains at Marralam is the presentation of alcohol and drug education videos, of which a total of ten were shown in 1997.

The manager explained that past attempts to introduce more structured education sessions resulted in several clients threatening to leave the project if they continued. Although a number of clients interviewed expressed this sentiment, the majority of clients said that more structured education sessions should be conducted and half of this group believed that attendance at the education sessions should be compulsory. As one client explained, 'they need to show us videos and learn us about grog. I told (staff member) this, but nothing happened'.

The majority of community and family members and other service providers were also concerned about the lack of a more formally organised education program. The common perception among this group was that '(Marralam) is just a place to get away, ... and that no treatment (is being provided) out there'. They believed that for the Treatment Program to be successful, participation in weekly alcohol and drug education sessions should be mandatory.

This raises the question of how to balance the requirements of the Treatment Program with the unwillingness of many clients to participate in activities. As mentioned previously, clients who did not wish to change their drinking patterns saw no value in attending counselling and education sessions. Nevertheless, treatment at Marralam did achieve the following positive outcomes for both the clients and the program:

- improvement in personal health;
- their families were given a break from the constant pressure of caring for an alcohol dependent family member;
- they often provided cultural skills and knowledge to the program;
- they assisted with the maintenance of the Centre.

If the management was to introduce a more structured program, this client group will be likely to withdraw from the program and thus the above benefits will be lost. However, the interviews with clients, community members and service providers

indicated that sacrificing these short-term outcomes is preferable to failing to provide structured and compulsory treatment for all clients.

Despite the lack of compulsory education and counselling, data collected from reports, assessment forms and interviews indicated that a number of clients had established a better understanding about the effects of alcohol, had developed a number of strategies to prevent the misuse of alcohol, and had made positive changes to their drinking behaviour.

- I've stopped drinking. I realised my problem with drinking and am now trying to meet up with family … and stay out at the community. I'll only drink on Friday when I come into town.
- I've learnt about drinking problems and what alcohol does to the body.

Assessment reports indicated that the knowledge and behaviour of some clients had improved as a result of education and counselling. However, in the absence of an appropriate instrument, the extent of this change could not be accurately measured. Anecdotal evidence gathered from client interviews also indicated that the limited amounts of education and counselling had resulted in a correspondingly minimal amount of acquired knowledge.

Based on the evidence presented above, the review team believes that if Marralam staff are to continue using the individualised approach to treatment, the following strategies should be implemented.

- Counsellors should conduct mandatory assessments of each client before they enter the program to identify their needs. As part of the assessment it should be explained to the clients that Marralam Alcohol Treatment Program—as the name suggests—is a treatment program and participation in treatment activities is a condition of their stay. If they are only attending Marralam to have a break from the grog, alternative services should be arranged.
- Counsellors should be provided with formal training to enable them to develop treatment plans for each client. This training should be at least at tertiary certificate level.
- Clients should receive at least one session of individualised planning, counselling, or education each fortnight. If clients refuse to participate, they should be re-assessed to determine whether they should be withdrawn from the program.

- ***Improve the health of residents***

The majority of clients looked upon Marralam as a place to which they could go to improve their health and well-being. The Centre offered clients an opportunity to escape the pressures to drink and to live in a community setting which promoted a healthy lifestyle. Clients explained that when they lived in town, they spent most of their money on alcohol and often had to rely on the generosity of family and friends to provide them with food and shelter. When they attended Marralam, however, their lifestyles were much different and, as one client explained:

> A lot of feed here (at Marralam). It's hard to find a feed in town when you're out of family. Here, no worries at all.

Clients and community members explained that most clients who attended the Centre left looking and feeling healthier. For example, one community member observed, 'When uncle came back from Marralam he was all fat and healthy', meaning that before her uncle attended the program, he was under weight and of poor health.

Not all clients began to show early signs of improved health. Some underwent detoxification while at Marralam, and this required the staff to supervise and manage the clients' alcohol withdrawal. As part of this process the staff routinely monitored changes in the clients'41 health, supervised their medication, and maintained regular contact with the doctors at the East Kimberley Aboriginal Medical Service (EKAMS) and/or the hospital for advice regarding individual cases.

On the basis of the clients' and community feedback, and the review team's observations, it was apparent that Marralam had successfully improved the health and well-being of clients by simply providing:

- an alcohol free setting, away from the temptation and pressures to drink;
- three balanced meals a day;
- opportunities to participate in physical work and recreation activities; and,
- supervised alcohol and other drug detoxification.

The review team attempted to further substantiate these findings by analysing pre and post medical reports on clients. These medical examinations, which were designed to assess the change in the health status of clients, were supposed to be performed by doctors at EKAMS for each client admitted to the program. However, while the pre medical assessment forms were completed and included in the files of the majority of clients, few post medical assessment forms were completed. The Marralam staff explained that clients often left the Treatment Program on short notice and as a result

it was often difficult to arrange an appointment with a doctor before they left. Staff also reported that when clients leave the Treatment Program they usually feel healthy and believe they have no need to see the doctor. Consequently, post-medical examinations of clients were rarely undertaken.

The review team believes that staff should explain to clients the importance of post-medical assessments and request that clients have a medical assessment before they leave the program. Not only will the assessments provide evaluation data, they will help to demonstrate to clients the health benefits of reducing alcohol intake.

- ***Enable residents to identify and achieve personal goals.***

On entering the Marralam Treatment Program, clients were asked 'What do you expect to gain from the residential program at Marralam?' The counsellors worked through the question with the clients to identify why they had attended the program and what personal goals they wished to achieve. Of the 69 clients who attended the program,15 completed pre-assessment forms, of which: five clients wanted to improve their health and get fit; four wanted to get a job or further their education; two wanted to improve their lifestyle and home environment; five wanted to stop or control their drinking; two wanted a break from alcohol; and one wanted to increase her self-esteem. Where possible, comparisons were made between these responses and those given during pre-release and follow-up assessments.

Unfortunately most of the 69 clients did not complete the three assessments and therefore this information was limited. However, of those 14 who completed pre-release and/or follow up assessments: seven reported improvements in their health; four reported improved family relationships; two obtained employment; two commenced education courses after completing the program; eight reported having made positive changes to their drinking behaviour; four said they had gained an understanding of the effects of alcohol and how to control its use; and one reported feeling more confident.

The support that was provided to the clients to achieve their personal goals varied depending on their needs. For example, clients who wanted to further their education were offered career counselling, assistance in obtaining information on and enrolling in relevant courses, and transport to and from weekly classes. On the other hand, as it was not necessary, clients who wanted to improve their health were provided very little support.

The degree to which the clients' personal goals were reached often depended on how realistic the goals were, the strategies the clients had decided to use, and the time needed to achieve them. For example, clients who had long term goals such as wanting to further their education could only be helped by staff to a limited degree because the time-frame needed for this goal exceeded the period of their stay at Marralam. Where possible, staff maintained contact with clients who had long term goals and offered follow-up and moral support.

Since the introduction of the informal approach to treatment, the level of support offered during and after treatment at Marralam has decreased. Assessments of the clients' expectations of the program and personal goals were rarely undertaken, and support such as that described above was only provided on the request from clients. Based on client and community feedback, it is evident that clients who achieved43 their personal goals gain 'a sense of purpose' and were less likely to experience relapse. Therefore, the review team believe more effort should be made to ensure that each client undergoes assessment and that they are provided support to achieve such goals as furthering their education, gaining employment, or becoming involved in alternative activities.

- ***Promote the local Aboriginal culture***

The most popular aspect of the Marralam Alcohol Treatment Program among the clients was the cultural activities. The staff had made a concerted effort to meet the cultural needs of the clients by providing a range of activities that included43:

- bush trips during which fishing and hunting took place;
- music and singing sessions during which clients enjoyed both *contemporary* and traditional Aboriginal music;
- art sessions, which mainly involved painting, but also included carving and other bush crafts;
- informal bush medicines education;
- story telling and Aboriginal history lessons; and,
- Aboriginal language lessons conducted by the Waringarri Language Centre, Mirima Dawang Woorlab.

Based on project records, the degree to which each of the activities was offered varied. For example, bush trips were conducted at least twice a week and art sessions at least once a week. However, only four cultural events that included traditional dancing, singing and story telling were conducted in 1997.[18] These latter activities were

offered less frequently because they relied on the availability of volunteers who had the knowledge and skills to conduct them.

Despite the fact that cultural activities were conducted only several times a year, it was evident that the Treatment Program was meeting the cultural needs of the majority of clients and community members. Based on their responses, it was found that a large section of the community believed that a 'loss of culture' was one of the main reasons people misuse alcohol and other drugs. They considered the promotion of local Aboriginal culture as a positive step towards addressing one of the major causes of alcohol misuse and as aiding the rehabilitation of clients. There was only a small number who suggested that more needed to done to 'teach (clients) about the old ways'. However, as explained above, many of the cultural activities relied on the support of volunteers—such as the Chairperson of Marralam who devotes much of her time to teaching clients about local Aboriginal culture. Without additional ongoing support from community members, in particular the elders, little more can be done to expand the cultural components of the program.

- ***Raise the self-esteem and confidence of clients***

Previous studies have shown that measuring self-esteem and confidence is difficult; and, because of cultural differences between the way in which Aboriginal and non-Aboriginal people express self-esteem, standardised questions were not appropriate to measure any change.[19,20] Time restraints made it impossible for the review team to conduct pre and post treatment observations and, as Marralam staff had not collected the relevant data, we were unable to assess whether or not the Program had successfully raised the self-esteem and confidence of clients.

3.2.3 Extent to Which the Objectives of the Marralam Alcohol Treatment Program Were Meeting Community Needs

As mentioned previously, there were two very distinct client groups at Marralam: those who wished to change their drinking behaviour; and those who wanted a break from drinking. The majority of community members distinguished between the two client types and they have expressed some concern about the second group using the Marralam services. While most community members interviewed identified the health benefits that the service has produced for these clients, the general opinion is that the Treatment Program should focus on rehabilitating people rather than simply providing them a safe place to stay. This has impacted on how a large section of the community

perceive the success of the program, and what they consider to be weaknesses of the service.

Based on feedback from the community members and clients interviewed, the stated objectives of the Treatment Program reflected most of the needs of the community. However, there was a consensus among nearly all community representatives and some of the clients that more emphasis should be placed on reducing both the number of people who drink at harmful levels and the number of clients who relapse after attending the Program. Although these were not objectives of the Marralam Alcohol Treatment Program, it seems appropriate to add them to the project's formal objectives.

Community concerns about the program were not so much to do with the objectives. Rather, they were about the standard to which the strategies to address the objectives were being carried out, and the manner in which the service was administered. All but a few thought that the counselling, follow-up and education offered as part of the Treatment Program could be greatly improved.

The community and clients were very happy with the existing cultural and alternative activities provided. However, it was suggested that these activities also include the provision of more referrals to education, training and employment programs in an attempt to prepare clients for return to the community.

A number of clients and family members suggested that the accommodation facilities at Marralam were not adequate, particularly for family groups. Several thought that the men's quarters should be separate from the kitchen facilities, and that the female and family quarters should be better equipped to minimise discomfort from the heat without the risk of mosquitoes. This could be achieved by putting flyscreens on the windows and doors or installing air-conditioning.

Those who had a more detailed knowledge of the program recommended that attempts to improve to the administration, coordination and management of the service be made. Lack of accountability of staff and failure to comply with policy was also seen as a problem. Perceptions among some members of the community that the program was ineffectual were reinforced by the recommendations that the Treatment Program needs to improve its reputation, and increase community and client awareness about the services, policies, and procedures.

3.2.4 Abstinence or Controlled Drinking?

The community expressed concern that some clients were drinking while they were in the Treatment Program, even though it was a condition of their treatment that they remain abstinent while at Marralam. There were allegations of alcohol being smuggled to Marralam, and of many clients drinking during their visits to Kununurra. During client pre-release assessments, a number of them admitted that they consumed alcohol while on visits to the town, and there was evidence to suggest that alcohol was taken to Marralam on two occasions.

The level of concern among the community about this issue fluctuated greatly in recent times, but there continued to be an overall disapproval of the *laissez-faire* style with which the managers dealt with the problem. The general community perception was that clients should be completely abstinent during treatment and those who breached this condition should be discharged from the Centre. In theory, this was supposed to be the case, but the review team saw no evidence that the rule was enforced by the manager or the counsellors.

Due to limited knowledge about the programs at Marralam, the community may not have realised that the goals of some clients did not entail remaining abstinent. Clients who wished to stop drinking altogether had treatment plans based on an Aboriginal modified Twelve Steps approach. For clients who wished only to reduce the amount they drank, a harm minimisation and/or controlled drinking approach was taken.

If clients wished to adopt harm minimisation strategies to reduce their consumption levels, it could be argued that they needed the opportunity to practice the skills involved in their new drinking style if they were to function effectively outside the treatment environment. They needed to learn how to drink slowly, how to count their drinks, how to respond to peer pressure to drink more, and how to identify at which point they should stop drinking. Although it seems counter-intuitive, for these clients, drinking on the town visits actually gave them the opportunity to use their new skills, reflect on the experience with their counsellor, and decide if the harm minimisation strategy was likely to work for them once they returned to their community. Due to these factors, access to alcohol for such clients can actually be advantageous and, in many cases, an important part of their treatment.

At the time of the evaluation, there was no formal recognition of the benefits of this process at Marralam. However, all staff knew that alcohol use was occurring. Rather than ignoring the problem, the program needs to be modified to create appropriate structures that respond to the reality of the situation. Such structures may include

counsellors breathalysing clients at the end of their town visits, or arranging for clients to go into the care of a responsible family member during town visits to help them regulate their consumption levels. Clients who choose to participate in the program using this approach still need to remain accountable to a written program contract designed within the harm minimisation paradigm, and counsellors should be able to enforce the conditions if necessary.

3.2.5 Relapse

Most clients who were treated at Marralam failed to maintain reduced alcohol consumption levels or remain abstinent after their discharge. Community members expressed concern about this and often judged the success of Marralam by the low number of clients who remained abstinent or who limited their alcohol consumption once back in the community. Comments such as 'When the clients come back to town after the dry out centre they're straight back on the grog' were regularly voiced, and there was a wide-spread feeling that the program was failing. This failure was mainly attributed to the unstructured approach to treatment, the lack of client participation in education and counselling, and the limited after-care being offered. While a more structured education and counselling program at Marralam might be desirable, it must be acknowledged that even those Aboriginal Treatment Programs that employ such an approach also experience difficulties in preventing relapse.[10] Treatment services might assist clients to develop strategies that help them to resolve alcohol related problems. However, without a comprehensive after-care program, it is unlikely that clients will have success in implementing those strategies after leaving the Centre.

In order to better understand the reasons for relapse, a survey was undertaken to identify community perceptions of reasons why people drink. The responses gave an indication of the stimuli that may have contributed to relapse, they included:

- boredom (16);
- unemployment (13);
- loss of culture or purpose (11);
- life style and living conditions (9);
- low self-esteem (5);
- learnt behaviour (5); and
- pressure to drink (2).

Of these, the Treatment Program addressed low self-esteem, loss of culture, and—to a degree—learnt behaviour. The other factors were a consequence of wider social and economic problems that could not be dealt with in even the most comprehensive treatment program.

If clients cited the main reasons for their drinking as boredom, unemployment, or living conditions, there was a much higher likelihood that they would recommence their previous drinking pattern after leaving Marralam. This was because after treatment, the clients were discharged back into the same environment that originally stimulated and then supported their high alcohol consumption. When clients returned to such an environment, the level and quality of after-care became crucial.

The after-care that was offered by Marralam was minimal and intermittent. It mostly consisted of referrals to other health, welfare and legal agencies. Only a small amount of counselling took place. This did not provide adequate support for clients, especially given the range of economic and social difficulties they faced, and it needs to be greatly enhanced. The review team believes that more appropriate and cost-effective after-care programs, such as the community-based model discussed in the section of the report dealing with *The Alcohol Project,* should be investigated for their application to Marralam.

3.3 Miriwong Patrol

In 1992, the Waringarri Committee recognised that many immediate harms caused by—and to—intoxicated people were not being addressed, and that public drinking and related police apprehensions were increasing. Following negotiations with community members and other service providers, the Committee made a decision to establish the Miriwong Patrol. Initially, community volunteers and staff from the Alcohol Project ran the Patrol using a 10-seater four wheel drive vehicle belonging to the Alcohol Project. Approximately 10 months later, the Western Australian Aboriginal Affairs Department provided funding to purchase a 16-seater bus, employ a Patrol coordinator, and provide top-up wages for Community Development Employment Projects (CDEP) workers to run the Patrol.

3.3.1 Miriwong Patrol Project Description

The purpose of the Patrol is to transport intoxicated people from public places to either the Sobering-up Shelter or to the care of a community member. In doing this, the Patrol minimises the risk of intoxicated people being detained by the police on account of their drunkenness and removes them from situations where they may potentially be harmed or cause harm to others. The Patrol also conducts a school bus service in the morning and afternoon for the St Joseph's Catholic Primary School.

The Patrol operates from 7:30 pm to 11:30 pm, Monday to Friday. There is an established patrol route that covers all the regular drinking places, and occasionally there are foot patrols as well. The bus route takes approximately 30 to 40 minutes to complete, and the patrol returns to the Sobering-up Shelter for approximately 20 minutes in between circuits.

The Patrol has a total staff of eight people, and each nightly patrol operates with between three and eight staff members depending upon who is available to work a particular shift. One staff member is posted outside the Hotel Kununurra while the others remain on the bus, keeping in contact by radio. Usually, the patrol leader drives the bus and records pick-up statistics with the assistance of the other patrollers. The Patrol has been operating without a coordinator for the last six months, and the Shelter manager is assisting the Patrol leader in overseeing the management of the Patrol.

Objectives

- Reduce anti-social behaviour connected with street drinking and substance abuse.
- Improve the public safety for Aboriginal people affected by alcohol and other substances.
- Reduce under age drinking.
- Reduce the number of intoxicated people on licensed premises.

Strategies

- When police locate intoxicated Aboriginal people in public places, the Miriwong Patrol will be called to the place to remove the affected person/s to an agreed upon destination. The intoxicated person will be taken to the Sobering-up Shelter, their home, or to the care of a family member.
- Police may arrest any intoxicated person who becomes violent towards the Miriwong Patrol.
- Police may detain any intoxicated person declining assistance by the Miriwong Patrol until they are sober enough to be released.
- Miriwong Patrol to attend as soon as possible any location within the town district where they may be required.
- Miriwong Patrol to transfer clients to the Sobering-up Shelter. The carers at the Shelter are to then refer these clients to the counsellors who will arrange counselling and further treatment to those who want it.
- Miriwong Patrol to attend licensed premises with the view of preventing:

- under age drinking; and,
- intoxicated Aboriginal people remaining on licensed premises.

Additional services

- Miriwong Patrol to conduct a school bus service for the students at St Joseph's Catholic Primary School.

Management and policy

- Miriwong Patrol members to be suitably identified.
- Full cooperation to be displayed by the police and the Miriwong Patrol to ensure success of the Patrol.
- Miriwong Patrol has no powers to detain people against their will, and detention is by mutual consent.
- Miriwong Patrol has no powers of arrest.

Evaluation

- Record statistical data on clients: where they were picked up, age, gender, where they were dropped off.
- Maintain an 'incident' logbook to record abusive client behaviour.

Funding

The Miriwong Patrol receives annual funding of $50 000 from the Aboriginal Affairs Department (AAD) along with a number of additional grants and donations. In 1995-96, the AAD provided the Patrol with an extra $2000 to purchase uniforms, and in the same year, the Education Department granted the Patrol $5000 to undertake truancy work. The local Shire has agreed to cover the cost of petrol, and the St Joseph's Catholic Primary School pays the Patrol up to $2000 a year to provide a bus service for its students.

A detailed account of the Patrol's budget is found in the *Funding* section of this report. However, it is important to note that the Community Development Employment Program (CDEP) contributes $183 to each patroller's weekly wage. If this did not occur, the cost of conducting the Patrol would almost double, making it impossible to run the Patrol within the budget allocated by the AAD. Taking into account grants, CDEP

contributions, and other donations, annual operating funds for the Patrol total approximately $100 000.

3.3.2 Miriwong Patrol Project Evaluation

- ***Reduce anti-social behaviour connected with street drinking and substance abuse.***

There was a general community perception that the Patrol has had a major impact on reducing alcohol-related anti-social behaviour and its consequences:

> They remove drunk people from public places. Stop crime at night, stops rapes and prevents domestic violence. It's them (Patrol) being there to stop these things and ringing police and taking people home that's making a difference. Patrol plays an important role in the community.

Community members felt that the Patrol definitely reduced the number of Aboriginal people who came into contact with the criminal justice system as a result of their intoxication, and that it removed intoxicated people from potentially volatile or harmful situations before the police become involved. They suggested that the *combined* efforts of the police, the Patrol, and the Sobering-up Shelter have resulted in the attainment of this outcome, and that the Patrol would have limited success without the cooperation of the police and Shelter. This issue is discussed in further detail in the section of this report titled *The extent to which the objectives of the Miriwong Patrol were meeting community needs.*

To assess this community perception, police arrest data and detention data were compared to Patrol pick up data. These data are discussed in detail below. Unfortunately, the time and day of police arrests and detentions were not available, and thus it was not possible to compare Patrol activities with police activities on a day to day basis. Despite the limitations of the data, they did suggest three main trends.

- The total number of arrests of Aboriginal people between 1994 and 1996 remained relatively constant. However, there was a variation in the number of charges within some classifications.
- There appeared to be a strong, inverse relationship between the number of patrol pick ups and the number of arrests.
- Since the establishment of the Sobering-up Shelter, there has been a dramatic decrease in the number of Aboriginal people detained in police custody.

Using only the police data and Patrol data, it was not possible to establish a definite link between the activities of the Patrol and the reduction of anti-social behaviour connected with street drinking and substance abuse. However, qualitative evidence gathered from community members, service providers and the police supports the

assertion that the Patrol made a positive and significant contribution to reducing anti-social behaviour in the town, and its operation was an integral part of bringing about a decline in police detentions.

- ***Reduce anti-social behaviour connected with street drinking and substance abuse—***

  Patrol data.

The Patrol has maintained comprehensive records on the number of people who were picked up, including whether those who were sober or intoxicated. Between July 1996 and June 1997, the Patrol made 6615 pick ups, averaging 551 per month, and between July 1997 and March 1998, they made 2914 pick ups, averaging 324 per month. Although there was a decline in the second of these years, there was no evidence to suggest a reason why there was such a drop in the numbers of people picked up during the latter period. It is also important to note that the number of pick ups for both periods would have been higher, however, the patrol does not operate between the 19th December and the 20th January of each year. The community, hospital, police and women's refuge claimed that this period was the busiest time of the year for alcohol use and related harm.

Table 1: Pick Ups made by Miriwong Patrol—July 1996 to March 1998

Month	Sober	Drunk	Unidentified	Total
1996-97				
July	104	548		652
August	108	361		469
September	81	377		458
October	113	599		712
November	76	465		541
December 1st -19th	70	350		420
January 20th – 31st	75	297		372
February	218	438		656
March	93	676		769
April	16	363	18	397
May	95	644		739
June	67	363		430
1997-98				
July				
July	69	471	76	616
August	57	349	75	481
September	97	590	78	765
October			258	258
November			192	192
December 1st - 19th			140	140
January 20th – 31st			59	59
February			214	214
March			189	189

Table 1 shows monthly pick up data and demonstrates the fluctuations in the Patrol's workload. Even though the Patrol is a service for intoxicated people, the figures show that 14 per cent of people picked up between July 1996 and September 1997 were sober. Staff explained that the sober people they assisted were usually the husbands or wives of drinkers who were minding their drunken spouses.

The lack of indicators in the Patrol data for anti-social behaviour meant that it was not possible to accurately determine the degree to which the Patrol achieved the objective of reducing anti-social behaviour. For example, the Patrol data did not contain any pick up statistics on the number of disruptive people, or whether the Patrol was called to assist instead of the police. However, quotes such as, '(the patrol is) reducing the amount of people the police have to apprehend and put in the lockup' indicated that most community members believed the Patrol did help to reduce anti-social behaviour.

5353• Reduce anti-social behaviour connected with street drinking and substance abuse—

Police data.

Interviews with community and police representatives indicated there was a perception that alcohol related arrests had fallen as a result of the Patrol. They felt there was less likelihood of Aboriginal people becoming involved in alcohol related incidents because they were being removed from public places, and there was significantly less chance that they would be taken into police custody on account of their drunkenness. In order to further examine this issue, data were collected on drunken detainees in the Kununurra Lock Up (1995-1997) and arrests made by the Kununurra police (1994-1996). The police arrest data were then compared to the Patrol pick-up data to determine whether there was an inverse relationship between the activities of the Patrol and the number of people arrested by police. A graph comparing these data is contained at the end of this section.

There were some problems involved with using the police data to evaluate the impact of the Patrol on anti-social behaviour. First, there was a shift in the distribution of police duties—discussed below—which allowed the police more time to undertake other activities. Therefore, although the actual number of crimes committed by Aboriginal people may not have increased, there were more arrests. Second, there was an increase in the Aboriginal population of approximately eight percent which may

have contributed to a slight increase in the number of arrests. Third, the review team only had access to police data dating back to 1994, two years after the Patrol was established, and for this reason it was not possible to measure any change in the number of people who had been arrested and/or taken into police custody since the establishment of the patrol. Fourth, as mentioned previously, 'time of arrest' data were not available to compare with the operating times of the Patrol, and thus it was not possible to determine whether the arrests occurred during patrol operating hours.

The first set of data analysed was the number of drunken detainees between 1995 to 1997. This data, which is presented in Table 2, was considered to be a good indicator of the number of intoxicated people who were likely to demonstrate disruptive behaviour, or be at risk to themselves or others. There were a number of factors operating during this time that influenced the reduction in custodial rates, including:

- a general reluctance by some police to take Aboriginal people into custody because they are classified 'high risk detainees';
- the cooperative efforts of police, publicans and the Patrol to remove intoxicated people from public areas; and
- the operation of the Sobering-up Shelter.

The combination of these factors resulted in a seven fold decrease in the number of intoxicated Aboriginal people being placed in police custody. It was not, however, possible to distinguish the impact of the Patrol from the impact of the other factors.

Table 2: Drunken Detainees in Kununurra Lock Up—1995 to 1997

Year	Drunken detainees
1995	1336
1996	1245
1997	188

The second set of data analysed was arrest rates by Aboriginality. The data in Table 3 show the number and type of arrests made between 1994 and 1996 and, when viewed in conjunction with the drunken detainee data, they suggest that the fluctuations in arrests were probably a result of police having more time to concentrate on other police duties.

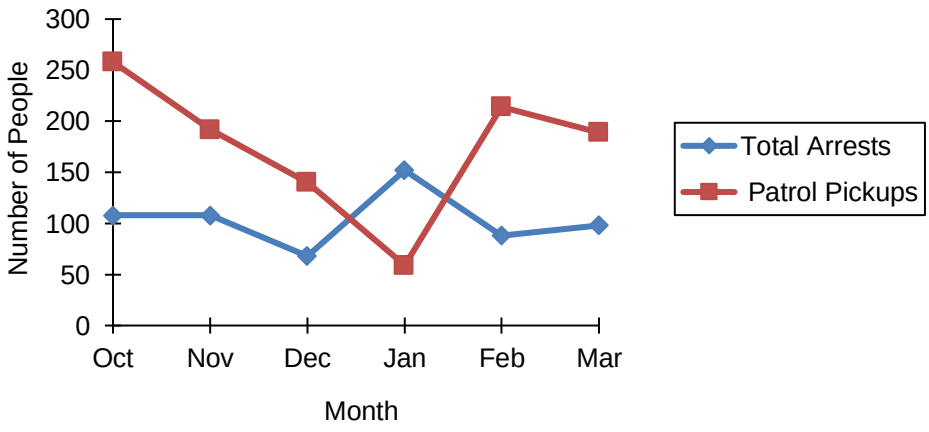
It was pleasing to see that despite an increase in all other types of arrests between 1995 and 1996, the number of arrests of Aboriginal people for offences 'against other persons' actually decreased by 16 per cent. This was a key indicator that the Patrol, in conjunction with the Sobering-up Shelter, was contributing to the reduction of alcohol

related violence and other harm. Contrary to this positive trend, the number of arrests of Aboriginal people for 'good order' offences, such as street drinking, misconduct, and public disturbances, increased by 43 per cent during the same period. Unfortunately, there was no indication whether the offences were committed during the operating hours of the patrol and so it is difficult to prove a causal relationship.

Table 3: Arrests made by the Kununurra Police—1994 to 1996

Offence	1994			1995			1996		
	Ab'l	Non-Ab'l	Total	Ab'l	Non-Ab'l	Total	Ab'l	Non-Ab'l	Total
Against Person	62	13	75	81	19	100	68	24	92
Burglary	69	29	98	74	27	101	77	29	106
Damage	30	7	37	22	5	27	35	6	41
Good Order	98	34	132	110	58	167	171	45	216
Liquor Licensing	8	3	11	8	7	15	8	5	13
Drink Driving	92	62	154	53	54	107	75	66	141
Other	113	84	43	64	68	79	108	56	23
TOTAL	472	232	704	412	238	650	542	231	773

Figure 2: Arrests made by Kununurra Police and pick ups made by the Mirriwong Patrol—



October 1997 to March 1998

While it was apparent that the Patrol was not contributing to a decline in the number of arrests made by police, a closer look at the data revealed that there was an inverse relationship between the number of arrests made by the police and the number of people picked up by the Patrol. As Figure 2 shows, during the Christmas period when the Patrol did not operate, the number of arrests made by the police increased proportionally.

- ***Improve the public safety for Aboriginal people affected by alcohol and other substances.***

The review team evaluated this objective by examining hospital data for alcohol related admissions and by conducting interviews with hospital staff, community members and other service providers. The interviews were considered important because Aboriginal people often only presented to the hospital for serious injuries and it was therefore difficult to assess the impact the Patrol had on the prevention of minor injuries. The interviewees suggested that the Patrol has reduced the number of minor injuries, especially those resulting from violent behaviour. A common interview response was that, 'They're getting people off the streets, stop people getting run over, reducing the number of prison and hospital admissions'.

The hospital data in Table 4 show little change in the numbers of people who were admitted for alcohol related injuries since the establishment of the Patrol. The figures are presented in six monthly intervals due to the small number of admissions, and so it was not possible to make a monthly comparison between the number of alcohol related hospital admissions and the number of people who were picked up by the Patrol.

Table 4: Alcohol related admissions to Kununurra Hospital of Aboriginal people—July1993 to June 1997

Date	Road Injuries	Falls	Assault/ Child Abuse	Other Injuries	Total
1993 Jul - Dec	4	1	12	0	17
1994 Jan - Jun	0	2	6	0	8
1994 Jul - Dec	0	1	13	0	14
1995 Jan - Jun	0	0	13	0	13
1995 Jul - Dec	7	3	21	1	32
1996 Jan - Jun	1	1	12	0	14
1996 Jul - Dec	1	2	12	0	15
1997 Jan - Jun	0	1	14	1	16

There was insufficient hospital data for a meaningful interpretation. However, several Aboriginal people reported that the Patrol had helped them to avoid problems, particularly fights and crimes against intoxicated people, and it is likely that this would have prevented injuries. As previously mentioned, there was a 16 per cent decline in the number of Aboriginal people who were arrested for offences 'against persons' between 1995 and 1996, and community members made comments such as 'I have seen them try to stop fights. They are doing a very good job', suggesting that the Patrol directly contributed to this reduction.

- ***Reduce under age drinking.***

The use of alcohol and cannabis by young people was a major concern for both service providers and the community. The Patrol endeavoured to minimise under age drinking by:

- monitoring the entrance of hotels and coordinating with hotel security if the patroller believed a minor had entered the premises;
- picking up young people who were wandering the streets at night;
- picking up young people who were intoxicated and transporting them to the care of a family member; and
- removing young people from outside of licensed premises and other public places where they were at risk of being harmed by other intoxicated persons.

In the 15 months between June 1996 and September 1997, 897 young people were picked up by the Patrol, they being 11 per cent of all pick ups. It was difficult to measure the impact that the Patrol might have had on reducing under age drinking because the Patrol had stopped picking up young people prior to the data collection period.

Despite the lack of statistical data, there was anecdotal evidence to suggest that the Patrol's success in reducing under age drinking was hampered as a result of the poor relationship which existed between the patrollers and young people. Informants stated that the patrollers often assumed a 'guardian' role when dealing with young people, sometimes forcing them against their will to come into the patrol bus or chasing them when they did not want to be taken home. This was due to the existence of strong kinship ties between many patrollers and young people, ties which entailed quite strict guardianship responsibilities. The sometimes heavy-handed approach led to some young people becoming progressively more hostile towards the patrollers, and there were reports of young people hiding from the patrol or verbally and physically abusing the patrollers.

The acrimonious nature of the relationship was brought to the attention of the Department of Family and Children's Services (DFCS) in late 1997. A departmental representative responded by writing to the Patrol leader and Shelter manager regarding the legal implications of picking up young people against their will. The letter recommended that the Patrol only pick up young people who wanted the assistance of the patrollers. Unfortunately, the letter was written in such a way that the patrollers misinterpreted its meaning and as a consequence, the Patrol now has an unwritten policy that no young people are to be picked up.

Several community members and service providers expressed concern about this new policy as they believed that the Patrol has an obligation to transport young people. Before this service can be reinstated, however, the Patrol needs to develop strategies that will present them with opportunities to establish a good rapport with young people. Such strategies might include transporting young people to and from the discos—which will allow the patrollers to mix with them in a non-confrontational situation—and respecting the young people's right to refuse their assistance. It was also suggested that in the future, the DFCS meet with the Patrol leader and the Shelter manager to discuss young people's issues and to work with the young people to design ways of making the Patrol more appropriate to their needs.

- ***Reduce the number of intoxicated people on licensed premises.***

It was difficult to assess whether the Patrol had reduced the number of intoxicated people on licensed premises, although it did appear that they provided an avenue for hotel staff to remove intoxicated patrons from the premises without involving the police. The strategy used by the Patrol to reduce the number of intoxicated people on licensed premises was to station one patroller outside of the Hotel Kununurra—the hotel most popular with Aboriginal people—rather than to patrol inside the premises. This strategy was adopted because:

- it afforded patrollers a higher degree of safety than being in the premises where they were likely to be 'humbugged';
- security staff knew that they could remove patrons from the premises and the patroller would arrange to transport them away from the premises; and
- patrons knew that they could leave any other licensed premises in town and wait outside the Hotel Kununurra for the Patrol under the 'care' of a sober patroller.

The relationship between security staff and the patrollers was largely dependent upon the personalities of whoever was on duty. For example, some patrollers felt quite comfortable approaching security staff to let them know than an under aged or

intoxicated person had entered the premises, while less confident patrollers were reluctant to interact with security staff unless absolutely necessary. The review team did not have an opportunity to interview the security staff, however, based on observations and interviews with the patrollers, there did not appear to be a great deal of coordination or cooperation between them and the patrollers. The patrollers also had little contact with the licensees and managers of the hotels. During the fieldwork period, however, the Patrol and Shelter managers were invited to a Kununurra Accord meeting to discuss alcohol related matters with hotel licensees/managers and police.

Establishing an ongoing relationship with these parties through participation in the Accord would improve the ability of the Patrol to reduce the number of intoxicated people on licensed premises. It would open up a dialogue between the supplier of the alcohol—who is also responsible for regulating the behaviour and level of intoxication of patrons while on the premises—and the agency which most often deals with the intoxicated patrons once they are off the premises. This might result in new strategies that, for example, target serving alcohol to intoxicated people or create non-confrontational ways of directing people to the Patrol *before* they become intoxicated. Until greater cooperation between the Patrol and the hotel staff occurs, it is unlikely that the Patrol will have a major impact on the number of intoxicated people on licensed premises.

- ***School bus service***

In 1997, the St Joseph's Catholic Primary School contracted the Patrol to provide a bus service before and after school in an attempt to reduce the number of children who did not attend school regularly. In return for the service, the Patrol receives up to $1000 per semester, depending on the reliability of the service provided.

In order to determine whether the school bus service had improved attendance, interviews were held with the school principal, parents, the Shelter manager, and the staff who provide the service. Although there were no official data, the interviews indicated that attendance had improved, despite teachers stating that the children often arrived late.

The principal had collected some feedback from parents about the operation of the bus service and they alleged that the bus was frequently early or late, and that children missed the bus because they did not realise that it had passed. It appeared that no set timetable had been established, so the children did not know what time to expect it. Other parental feedback suggested that the patroller should enter the

children's homes to collect them, a strategy that the review team and the principal considers impractical and time consuming.

The parents' responses were discussed with the patrollers and the manager of the Shelter. They explained that the principal had prepared a list of students who attended the school and a rough bus route had been established based on where the students live. The bus service began at approximately 7:00 am and would make its way around to the areas where the students lived. When the bus arrived at a house, the patroller would sound the horn and if the children were not ready the Patrol would move onto the next house and return later to pick them up. The patrollers explained that it was common for them to have to repeat the bus route two or three times. The disadvantages of doing this were that:

- the children who were picked up first would have to wait longer on the bus while the other children were picked up;
- the children occasionally arrived to school late;
- it cost up to three times the estimated budget to run the school bus service;
- parents and children did not know when the bus was coming; and
- some children would intentionally wait to be picked up later because they knew the bus would come back for them.

Without underestimating the overall impact of the service on increasing school attendance, these factors result in a somewhat ad hoc and inefficient service that could be significantly improved. To ensure that students arrive at school on time and that the service is economical, the Patrol needs to establish a single bus route with a set time table. This should be done in consultation with the school and parents so that all parties understand their respective responsibilities, and that parents in particular realise that their children must be ready for the bus according to the time table.

3.3.3 Extent to Which the Objectives of the Miriwong Patrol Were Meeting Community Needs

In general, community members were pleased with the services offered by the Patrol and, in comparison to the other Waringarri alcohol services, there were few recommendations offered on how to improve them. Most informants felt that the Patrol was following its guidelines and protocols, and that the objectives of the Patrol reflected the needs of all community members, especially in relation to attempts to reduce anti-social behaviour and to improve public safety for Aboriginal people. They saw the patrollers as providing a valuable service in difficult circumstances, and they believed

that it had a positive effect on the community's attempts to deal with alcohol related problems.

The level of community satisfaction with the Patrol has increased significantly since the opening of the Sobering-up Shelter. Prior to this, the Patrol was restricted in its ability to meet of the needs of the community because there were no diversionary facilities to which they could transport intoxicated people. The only options available to the Patrol were to place intoxicated people into either police custody or the care of a family member. Since the establishment of the Shelter, the cooperative efforts of the Patrol, the police and the Shelter have resulted in the needs of the community being met to a much greater degree because:

- community members were less likely to be exposed to potentially harmful situations resulting from intoxicated people being either on the street or in family homes;
- intoxicated people received professional care until they were sober;
- intoxicated people were able to be referred for alcohol counselling;
- intoxicated people were less likely to be placed in police custody; and
- intoxicated people were less vulnerable to injury from themselves or others.

It is important to recognise that the successful operation of the Patrol was largely dependent upon the good working relationship which existed between the Patrol, the police, and the Sobering-up Shelter. If the relationship between the three agencies deteriorates, the effectiveness of the Patrol would be seriously undermined.

Despite the overwhelmingly positive feedback, a small number of concerns were raised by some informants. The main criticism of the Patrol—voiced by only a small number of respondents—was aimed at its operating principles, rather than at the service itself. The Patrol operated on the principle that members would not refuse to pick up anyone, regardless of how frequently they used the Patrol. Some community members viewed this as allowing clients to abuse the service, which in turn promoted the misuse of alcohol and failed to provide any long-term solutions to the clients' drinking problems.

One informant felt that the Patrol members could deliver a better service by eliminating their staff-breaks at the Shelter.

- More people should be picked up, but no, the Patrol has to have their cuppa first, and in the meantime the police are picking them (intoxicated people) up.

Another felt that there needed to be better staff training with 'more mature, experienced patrollers to teach the young ones'. Concerns were also raised regarding:

- the perceived lack of staff accountability by one or two patrollers;
- some incidents of non-compliance to the policy regarding the use of the bus;

- the feeling that the service was 'owned' by Miriwong people rather than the whole community;
- the limited hours the service was available; and,
- the insufficient resources available to the Patrol.

Although it is difficult to rank these issues in order of importance, the one which raised the most emotive responses from informants was 'ownership' of the Patrol. When Waringarri was first established, most of the Aboriginal people in the town were Miriwong. Although many people from other groups now live in the area, there was a perception shared by a large section of the community that the Alcohol Projects were 'owned' by the Miriwong people. While this phenomenon was common to most of the Waringarri projects, it was most obvious in the case of the Patrol by virtue of the name *Miriwong* Patrol. Some non-Miriwong people reported that they were reluctant to use the patrol, and non-Miriwong patrollers were actually abused on occasions. In the short term, changing the name of the Patrol would help to alleviate some of the tensions arising from this situation. However, a broader community based awareness campaign needs to be undertaken to ensure that the whole community feels a sense of ownership towards the Patrol.

The second most serious concern raised by community members was in regard to the lack of accountability of some staff, especially in relation to the bus usage. Complaints from community members were received by the Waringarri Coordinator and review team regarding the use of the patrol vehicle for non-work related purposes by staff and unauthorised people. The project officer observed a person not associated with the Patrol or Shelter driving the bus while patrollers waited at the Shelter for their shift to start. It has not been confirmed if the bus was being used for personal use or to pick up the remaining patrollers. Even so, the only persons who were supposed to use the bus were those members of the patrol who had a drivers licence and permission from the patrol leader.

Some community representatives suggested that the number of people using the Patrol would be far greater if the current operating hours were extended. While the review team agree with this, the current staffing levels would make it almost impossible. Furthermore, it is unlikely that staffing levels will increase in the future because the late hours, low pay and dangers of working on the Patrol are far from ideal. If the Patrol is going to increase its operating hours, it first needs to employ more patrollers. For this to be successful, Waringarri needs to improve workplace conditions by offering better salaries and other incentives to the patrollers.

While it was true that the Patrol was under resourced, this was mainly in regards to staff levels. However, there were a few items that the Patrol did need in order to improve its service delivery. For example, there was no direct radio contact between the Patrol and the police. If the patrollers needed police assistance they had to radio staff at the Sobering-up Shelter who then notified the police by telephone. Installing a radio at the police station would not only improve the safety of patrollers and clients, it might also facilitate an improved working relationship between the Patrol and police.

Other minor items required were uniforms for the patrollers. Many of the uniforms were not returned by staff who no longer worked for the Patrol and it is important that the Patrol develop a system to ensure that the uniforms are returned. The Patrol may also consider approaching licensees to provide uniforms, as they do in other towns.

A significant number of community members and service providers said that they would like to know more about the Patrol. This was particularly true of other agencies that recommended strengthening networks and working relationships. The review team felt that the Patrol would benefit from either participating more in the Accord or establishing a Patrol Reference Group which would meet quarterly to discuss Patrol related matters. Membership of the reference group should include other service agencies, the police, hotel staff, Waringarri management, the Shelter manager and Patrol staff. This reference group, while not having any decision making powers, could provide valuable and ongoing evaluation feedback to the Patrol and assist them to devise new strategies which will help them to attain their objectives.

There was also a general community feeling the Patrol should continue to pick up young people. This was seen as an extremely important service, but achieving it will require patrollers to work with young people and other service providers to develop more appropriate strategies. Such strategies need to take into account ways of making young people feel comfortable about using the Patrol while ensuring that the patrollers are protected from allegations of over-stepping their responsibilities.

3.4 Moongong Dawang Sobering-up Shelter

Following the establishment of the Miriwong Patrol, the needs of intoxicated people were more appropriately addressed and public drinking and related police apprehensions declined. However, as there was no alternative accommodation in which people could sober up, intoxicated people were either transported to their homes, or, in the case of fringe dwellers, were placed into police custody. The community felt that additional strategies were needed to complement those of the Patrol so that alcohol

related problems were not transferred to the community and Aboriginal contact with the criminal justice system was reduced. As a consequence, the Moongong Dawang Sobering-up Shelter was established in 1996 with funds provided by the Health Department of Western Australia.

3.4.1 Moongong Dawang Sobering-up Shelter Project Description

The Shelter is a 13 bed, purpose-built facility located in a non-residential area. It has design features such as drive-in access to the front and back doors so that patrollers or the police can bring in clients with ease. There is a large foyer/administration area where clients are admitted, a laundry, a kitchen, and two separate dormitory style rooms—one containing eight beds for men and the other containing five beds for women. Bathrooms are located adjacent to the dormitories, but there is no direct access from the dormitory rooms so that staff can monitor clients who may need assistance using the facilities. The manager's house is situated approximately 20 metres behind the Shelter.

The Shelter operates from 4:00 pm to 8:00 am from Monday night to Saturday morning, and a carer of each gender is employed on each eight hour shift. During its first year of operation, there were 2829 admissions to the shelter. Below is a summary of the project's aims, strategies, and policies as set out in a 30 page service agreement between the Shelter and the Health Department of Western Australia.

Aim

To provide a safe, care-oriented environment in which persons found drunk in public may sober up, thus diverting them from police lock-ups. Accordingly, the source of centre admissions to be given the highest priority are those people detained by police under Section 53A of the Police Act (Detention of Drunken Persons).

Strategies

- Provide a sobering up service and short-term care for persons found intoxicated in public places. The service comprises of a shower, clean bed, sleep wear, meal, laundry, and regular monitoring of clients.

Management and policy

Management

- Put into place a management structure to direct the establishment of the Shelter, and adequately control and account for its operation.
- Establish a community advisory committee comprising of representatives from police, health, welfare and community groups.

Staff training

- Ensure that Shelter staff receive training in:
  basic first aid;
  - recognition of medical conditions requiring hospital referral;
  - management of disruptive incidents; and,
  - Sensitive cultural issues pertaining to their particular client population.

Client rights

- The Centre must respect the inherent dignity of the client and his/her right to confidentiality with respect to the Shelter's services.
- No person is to be refused admission to the Shelter because of the number of times he/she has previously used the service.
- All client property will be recorded and receipted.

Admission

- The Shelter must accept all referrals of drunken persons from appropriate sources except in the following circumstances:
  . all centre beds are occupied;
  . the referred person is considered to be violent or disruptive;
  . the referred person has a medical condition that requires hospitalisation; or,
  . the referred person does not wish to be admitted.

Evaluation and on-going monitoring

- Record the number of persons sobered up in the Shelter and percentage of persons detained by police for public drunkenness.
- Record client details, including: gender, age, who referred the client, and extra services provided.

3.4.2 Moongong Dawang Sobering-up Shelter Project Evaluation

- ***To provide a safe, care oriented environment in which persons found drunk in public may sober up, thus diverting them from police lock-ups, the source***

of centre admissions to be the highest priority are those people detained by police for minor alcohol related offences.

This aim encompasses a number of smaller objectives, each of which will be discussed separately.

Provision of a safe, care oriented environment

Observations by the review team and interviews with clients, indicated that provision of a safe, care oriented environment where intoxicated people can sober up was successfully achieved. Clients were able to sober up in a setting that provided basic first aid, comfortable facilities, and supervised care. For example, one client said, 'They keep me safe'.

Clients were normally brought to the Shelter by either the Patrol or the Police. Upon admission, their personal details were recorded, their belongings receipted and stored, they were provided with clean sleep-wear and a towel, and they were then directed to the shower facilities where they were required to shower and change before being allocated a bed. Their clothes were laundered and, if requested, water or tea was provided before they were escorted to their allocated beds. On the occasions when the Shelter was full, the staff attempted to accommodate extra clients, particularly those brought in by the police, by placing additional mattresses on the floor—a practice that has been recommended by de Crespigny.[15] When the clients were settled, regular 30 minute face checks were made to ensure they were not experiencing any medical complications. In the morning, the clients were woken, their clean clothes returned, and they were served a breakfast which usually consisted of stew on toast and a cup of tea or coffee. When the clients left, the bed covers were removed and washed, the breakfast dishes cleared away, and the paper work completed and filed.

In order to ensure client safety, all carers have completed first aid training and their certificates were kept current as per staff-development requirements. Most of the staff have undertaken additional training on how to handle intoxicated people, and seemed to resolve drunken rowdiness or arguments with little fuss. The carers interacted with clients in a respectful and compassionate manner, to a standard set and enforced by the manager. As a result, the Shelter's environment was non-judgemental and clients felt comfortable using its services.

While most aspects of service delivery were of a high standard, some operational procedures were being breached by a small number of carers. The degree of severity of these breaches, as either observed by the review team or as reported by community

members, varied from minor breaches to those that potentially endangered the lives of clients, and included:

- staff not arriving for work;
- one of the two carers leaving the Shelter early and returning home to sleep;
- client observations not being carried out every 30 minutes; and
- the Shelter not being open because neither carer had shown up for work.

The lack of commitment and reliability of these few carers has resulted in the workload being unfairly distributed among remaining staff to the extent that some carers had to perform the work of two. This appears to have impacted on the morale of those carers who carried the extra load, with some of the staff members expressing their frustration about the unfair working conditions. There is no doubt in the minds of the review team that the disproportionate staff performance levels jeopardised the standard of care provided by the Shelter. Unless these issues are resolved, they are likely to result in continuing breaches of safety procedures.

The types of safety procedure breaches that occurred have implications not only for client care, but also for the legal liabilities of carers. For example, if a client was to develop a medical complication that was not detected because regular checks were not made, the carer could face both legal prosecution and 'payback' from the client's family. More minor problems also arose when both a male and a female carer were not present at all times because clients felt more comfortable dealing with a carer of their own gender. There are strict codes of gender-appropriate conduct within the Aboriginal community and a carer of each sex needs to be available on each shift in order to observe those restrictions.

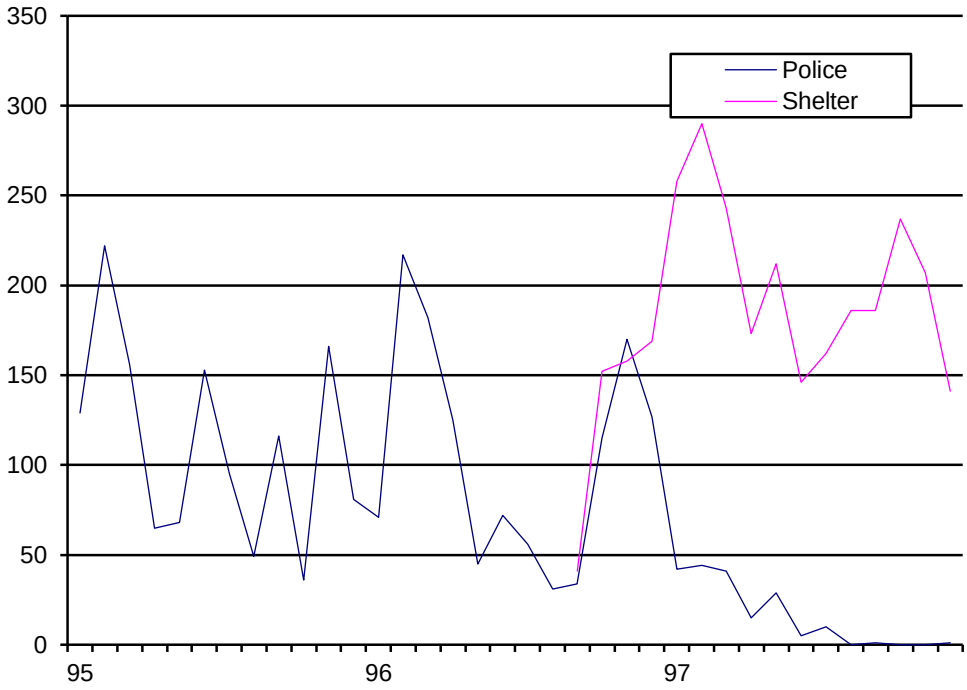
Despite the above comments, in the vast majority of cases the Shelter did provide a safe, care oriented environment, and the clients were satisfied with the standard of care they received. However, there was a small number of occasions when staffing problems interfered with the delivery of services and these issues need to be rectified by undertaking routine staff assessments as stated in the manager's job description.

Divert intoxicated people from police lock ups

As mentioned earlier in the *Miriwong Patrol* section, the combined efforts of the Patrol, the police, and the Sobering-up Shelter dramatically reduced the number of intoxicated people placed in police custody. From the time the Patrol was established, it had some impact on the number of drunken persons detained in police lock-ups, however it was

not until the establishment of the Shelter in September 1996 that there was a sudden drop in detentions.

68Figure 3: Shelter admission and drunken detainees in the Kununurra Police Lock-up—1995 to 1997



In 1995, 1336 intoxicated people were placed in the Kununurra police lockup, 95 per cent of whom were Aboriginal. This number declined to 1245 people in 1996, and in 1997 only 188 drunken persons were detained in police custody**,** approximately 15 per cent of the 1995 and 1996 totals. Evidence from the police supports the assumption that the drop in detentions was a direct result of the availability of alternative diversionary facilities.

As discussed in the section of this report dealing with the *Miriwong Patrol*, the police informed the review team that because the Patrol and Shelter were addressing the issue of drunken people in public places, they spent less time apprehending drunks and dedicated more time to other police duties. This resulted in a decline in arrests for public drunkenness, but an increase in arrests for other offences. Between July 1997 and February 1998, the police recorded only picking up two drunken people and transferring them to the police lock-up—a significant change when compared to the 543 intoxicated people placed in police custody during the same six month period two years previously.

693.4.3 The Extent to Which the Objectives of the Moongong Dawang Sobering-up Shelter Were Meeting Community Needs

General community perceptions

As explained in the methods section of the report, a survey was undertaken to identify what community members perceived to be the main causes and consequences of the misuse of alcohol and other drugs. These responses were compared with the Sobering-up Shelter's service agreement to identify which community concerns could be addressed by the Shelter. Those so identified were 'alcohol related injuries caused by or to intoxicated people', and 'other forms of alcohol related violence'—in particular domestic violence, child abuse, crime and community disturbances.

The community members and clients interviewed were pleased with the services provided by the Shelter and acknowledged the benefits it brought to clients and their families. They felt that it 'really makes a difference', particularly in the reduction of alcohol related harm, domestic violence, and the number of Aboriginal people in police custody. A common survey response was that 'it gets them off the streets and stops alcohol related violence and injury'.

While most community members saw the short term benefits of the service and recognised its effectiveness as an acute intervention, a number of them expressed their disapproval of what they perceived as a 'revolving door' effect at the Shelter. They wanted clients who used the service on a regular basis to receive counselling before leaving the Shelter, and possibly be referred for treatment. They were frustrated to see the same clients use the service week after week without reducing their alcohol consumption, and perceived this as abusing the services of the Shelter.

The Shelter staff interviewed were aware of these community perceptions and had already seen a need to consolidate links with the Alcohol Project counselling service. Attempts had been made to arrange for the counsellors to make regular visits to the Shelter, but unfortunately the clients were leaving the Shelter before 7:00 am and the counsellors' shifts did not commence until 8:00 am.

The Shelter staff explained that because the clients woke up and requested breakfast early, the counsellors would be required to begin their shift at 6:30 am. However, the review team observed that most clients were physically woken up and served breakfast by the carers between 6:00 am and 6:30 am. This procedure was necessary because the carers had a number of time consuming janitorial and

administrative tasks to complete before the end of their shift at 8:00 am, and the only way that they could finish their tasks was to ensure that the clients left the Shelter by 7:00 am. If, however, a CDEP worker could be employed to start work at 8:30 am to launder the bed covers, wash the breakfast dishes and clean up the eating area, the carers would be alleviated of most of their janitorial duties. This would allow the clients to be awakened at 7:30 am and therefore make it possible for the counsellors to meet with clients at 8:00 am.

Community awareness of the Shelter

The majority of the community representatives and service providers who were interviewed were aware of the Shelter, but knew little about specific details such as opening hours, location, and outcomes. Several service providers and community representatives wanted to know more about the service and it was suggested that the Shelter promote greater awareness of its services, particularly among other service providers.

The fact that a number of relevant service providers did not have a detailed knowledge of the Shelter was surprising considering that the formation of a community advisory committee comprised of representatives from the Police, health agencies, and welfare and community groups was required as part of the service agreement with the Health Department of Western Australia (and now WADASO). While a number of service providers were happy with the existing networking arrangements, the staff at the Women's Refuge and Hospital would like the opportunity to meet with the manager and carers at the Shelter to gain a better understanding of its services and to discuss how they can work together in a more coordinated approach. The review team recommends the formation of a reference group as discussed in the section of this report dealing with *Miriwong Patrol* to increase awareness of the Shelter's services.

Policies and procedures

Of those who had a good understanding of the Shelter, most were pleased with its functioning most of the time. As indicated previously, however, several community representatives were concerned that Shelter policies were occasionally being breached. Of most concern were:

- the performance and conduct of a few staff members (previously discussed);
- the misuse of Shelter resources such as the vehicle and facilities—which will be discussed in the section on funding; and,
- the allegation of alcohol and illicit drug use by staff and visitors at the Shelter.

The review team considers the latter allegation to be particularly serious. Representatives from four community groups reported that there was a growing perception among the local community that 'the Shelter (is) associated with the use of alcohol and marijuana'. Not only do these allegations tarnish the reputation of all those who worked at the Shelter, but if they were true, the safety of clients would be at risk and the Shelter could be prosecuted for failing to provide a 'duty of care'.

The review concedes that some of these allegations may stem from the perception shared by many community members that people working in the alcohol and drug field should abstain from using alcohol and illicit drugs. The use of alcohol among this group was perceived by some as inappropriate and grounds for dismissal from their positions as counsellors or carers.

The review team attempted to substantiate these allegations by conducting scheduled and unscheduled observations at the Shelter. Attempts were also made to eliminate the possibility that the allegations were based on observations of staff members using alcohol and other drugs in a social setting in the vicinity of the Shelter, rather than at the Shelter itself. Although some evidence was found which suggested that some staff and their visitors had been intoxicated at the Shelter, the review team did not witness the use of alcohol or illegal substances while making observations at the Shelter. The allegations, however, were serious enough to warrant further investigation by the Waringarri Executive Committee. If it is found that staff were using alcohol or illicit drugs at the Shelter or going to work intoxicated and, as a consequence endangering the safety of clients, disciplinary action should be taken.

3.5 Waringarri Funding

The four alcohol projects operated by Waringarri were each funded separately by a combination of major grants from large funding bodies and smaller grants for specific aspects of the projects. The main funding bodies were:

- Western Australian Office of Aboriginal Health, Health Department of Western Australia (Alcohol Project);
- Office of Aboriginal and Torres Strait Islander Health Services, Commonwealth Department of Health and Family Services (Marralam);
- Western Australian Aboriginal Affairs Department (Patrol); and
- Western Australian Drug Abuse Strategy Office. (Sobering-up Shelter).

Details of these funding arrangements are presented in the following section.

3.5.1 Alcohol Project

The Alcohol Project was originally funded by the Western Australian Alcohol and Drug Authority. Based on the financial reports provided to the review team, the amount of funds allocated to the Alcohol Project have remained constant since at least 1994-95. With the restructuring of the Alcohol and Drug Authority, the responsibility for funding the Project was transferred to the Health Department of Western Australia's Office of Aboriginal Health. Up until the 1996-97 financial year, the Project had a history of spending within its budget and, in fact, it had a surplus of $12000 in 1990 which enabled the purchase of the first buildings at the Marralam Alcohol Treatment Centre.

It is beyond the scope of this review to conduct a detailed cost analysis of the Alcohol Project. However, in considering what it costs to conduct the Project, it is important to consider two factors in relation to the salaries component of the budget. First, when the range of alcohol services provided by Waringarri increased, the responsibilities of the Alcohol Coordinator were extended to include responsibility for coordination and management of all four alcohol projects. This directly limited the amount of time he could dedicate to the Alcohol Project itself. Consequently, the cost of the manager's salary should be divided on a pro rata basis between all four projects. Second, as indicated previously, the salaries of the three counsellors were paid out of grants to conduct the Marralam Treatment Program, and the part-time trainee counsellor was paid by CDEP. For this reason, the budget presented in Table 5 underestimates salary requirements and is not a true reflection of the cost of conducting the project.

Table 5: Alcohol Project—Statement of income and expenditure for the year ended 30 June 1997.

	Actual	Budget	Variance
INCOME			
Grants Prior Year b/Forward	6 460	0	6 460
Grants Received	58 300	56 800	1 500
Interest Received	606	0	606
Other	0	16 500	(16 500)
Total Income	65 366	73 000	(8 566)
EXPENDITURE			
Salaries and Oncosts			
Salaries	41 076	48 841	7 765
Leave loading	0	820	820
Superannuation	2 833	2 930	97
Workers compensation	154	415	261
Total Salaries and Oncosts	44 063	53 006	(8 943)
Other Recurrent			
Meetings	684	500	(184)
Registration and licences	301	500	199
Repair-motor vehicle	7 051	3 844	(3 207)
Fuel	5 026	2 500	(2 526)
Insurance	386	800	414
Awareness promotions	469	0	(469)
Consumables	864	1 617	753
Repairs - plant and equipment	2 178	1 500	(678)
Office supplies	1 382	883	(499)
Bank Charges	12	50	38
Conferences	61	0	(61)
Printing and stationary	596	0	(596)
Travel allowance	438	1 000	562
Airfares	1 500	1 500	0
Administration costs	97	2 000	1 903
Audit costs	0	1 000	1 000
Accounting	1 000	2 100	1 100
Subscriptions	0	500	500
Total Other Recurrent	22 045	20 294	(1 751)
Total Expenditure	66 108	73 000	7 192
Capital item	600	0	(600)
DEFICIT	(1 342)	0	(1 974)

In terms of the activities and outcomes described previously, the productivity of the counsellors was somewhat unsatisfactory. It should not be assumed, however, that this indicated that less needed to be done to address alcohol misuse and related harms among people in Kununurra, nor that the budget should be reduced accordingly. Based on its objectives and the strategies, the Project could not have been conducted effectively without, at least, the resources currently allocated—including those provided by Marralam. What seemed to be lacking were processes—such as structured program planning and adequate staff training and support—that would have ensured better outcomes for the money expended.

The review team recommends that Waringarri's Alcohol Project's accounting procedures should be modified so that the actual cost of conducting the project can be identified. We also recommend that internal processes for the control of assets be improved as some equipment belonging to the project—including a video recorder and television set—could not be located.

3.5.2 Marralam Alcohol Treatment Program

In the 1996-97 financial year, the Marralam Alcohol Treatment Program received income of $408 796; this included $106 625 in grant funds brought forward from the previous year. At the end of the financial year, $340 147 had been spent, $44 203 more than the $295 944 allocated for the various budgetary items. The largest expense to the project was $200 691 for salaries. It should be noted that—because of the support provided to Marralam clients prior to, during and after treatment—half of the counsellors' time was allocated to working for the Alcohol Project. If the cost of salaries was divided on a pro rata basis between the two projects, the expenditure on salaries for Marralam would have been significantly reduced.

The remaining expenditure of $129 764 was spent on items that were classified as recurrent operational costs and included utilities, resources, consumables, and other miscellaneous items. These costs were relatively high considering that for this period only 37 clients participated in the program. Calculated on the operational expenses alone, it cost approximately $3500 per client to participate in the program—of whom more than half stayed less than eight weeks and only a few stayed the recommended three months.

Based on these findings and feedback from the program staff, Waringarri administrator and community, it appeared that the Marralam Alcohol Treatment Program was not running as efficiently as it could. For example, the Waringarri administrator calculated that it cost $45.62 in consumables per day to provide each client with three meals, which is excessive by any standards. The review team was also concerned that expenditure on some items such as motor vehicle repairs and generator fuel was double that spent in 1995-96.

Table 6. Marralam Alcohol Treatment Program—Statement of income and expenditure for the year ended 30th June 1997.

	ACTUAL	BUDGET	VARIANCE
INCOME			
Grants brought forward 95.96 #955215 Substance Abuse	46 625	46 625	0
Grant brought forward 95/96 # 955423 Capital	60 000	60 000	0
Grant received 96/97	295 944	250 115	(45 829)
Interest	2 537	0	(2 537)
Client chuck-in Marralam	1 990	0	(1 990)
Proceeds sale of asset	1 700	0	(1 700)
Total Income	408 796	356 740	(52 056)
EXPENDITURE			
Capital	9 692	60 000	50 308
Total Capital	9 692	60 000	50 308
Salaries and Oncosts			
Salaries	191 030	0	(191 030)
Superannuation	8 175	0	(8175)
Workers compensation	1 486	0	(1 486)
Total Salaries and Oncosts	200 691	0	(200 691)
Other Recurrent			
Insurance	2 891	0	(2 891)
Registration and licences	516	0	(516)
Repairs—motor vehicle	28 901	0	(28 901
Fuel	9 748	0	(9 748)
Alcohol Awareness Program	1 092	0	(1 092)
Repairs—building and grounds	9 702	0	(9 702)
Plant and equipment	11 492	0	(11 492)
Computer support and maintenance	265	0	(265)
Telephone and facsimile	3 564	0	(3 564)
Fuel generator	19 140	0	(19 140)
Consumables	22 757	0	(22 757)
Meetings	65		(65
Printing and stationary	851	0	(851)
Travel allowance	1 775	0	(1 775)
Airfares and accommodation	1 813	0	(1 813)
Accounting	4 500	0	(4 500)
Bank charges	12	0	(12)
Cleaning	265	0	265
Community payment	2 954	0	(2 954)
Conference	4 158	0	(4 158)
Household items	2928	0	(2 928)
Legal fees	315	0	(315)
Subscriptions	60	0	(60)
Total Other Recurrent	129 764	0	(129 764)
Budgeted expenditure		296 740	
Total Expenditure	340 147	60 000	(280 147)
UNEXPENDED BALANCE	68 649	0	68 649

Alleged misuse of resources was a concern for a number of community and staff members. On 13 separate occasions, eight staff, clients, and community members reported witnessing people taking or damaging equipment at the Marralam Centre. These reports were substantiated by the fact that some items—a chainsaw and other machinery—were missing from the Centre, and there was evidence that the locked fuel tank for the generator had been broken into and a third of the fuel was missing.

The review team found eight main factors that contributed to the current financial status of Marralam which, if not addressed, threaten the future stability of the program. These factors included the following.

- No budgetary allocation was made to particular cost centres prior to receiving the funds.
- Contrary to what was stated in the 1995-96 annual report, no weekly shopping list or budget was prepared. In particular, it appears that no consideration was given to the cost of out-of-season vegetables and produce.
- No procedure was in place to ensure that clients who purchased tobacco reimbursed the Centre.
- The system to collect client fees was flawed and it was common for clients to leave the program with unpaid debts.
- No procedures were in place to record and retrieve equipment that was borrowed by staff, clients and community members.
- There was a lack of communication between all levels of management regarding the financial status of the program.
- There was a lack of accountability for financial problems at all levels of Waringarri management, and a lack of action taken to rectify these problems.

It is important to reiterate that none of these problems were unique to Marralam, particularly those associated with the lack of action and accountability at all levels of management. For this reason, these problems will be discussed in more detail under the section of the report titled *Factors that impact on the service provision of all Waringarri alcohol services*.

One issue that was unique to the Marralam Treatment Centre, however, was the unwritten agreement between Waringarri with the Marralam community regarding their respective rights. The Centre is situated on land belonging to the Marralam Community and sharing of facilities and resources between the Centre and the community regularly occurs. For example, the Marralam Project pays for expenses shared by both the Centre and the community such as electricity, repairs to the generator and water pump, and transportation of foods and supplies during the wet

season. The Chairperson of Marralam community approved the lease of the land and has allowed staff and clients to fish, hunt and gather on the land, yet there appeared to be no formal agreement between Waringarri and the Marralam community regarding their respective rights and responsibilities. In the past this has led to disagreements over the appropriate use of their separate resources. Therefore, to ensure the rights of the staff and residents at the Centre, and the rights of the members of the Marralam community, it is important that a written agreement which clearly states the respective rights and responsibilities of each corporation be signed by the chairpersons of Marralam and Waringarri.

3.5.3 Miriwong Patrol

On the basis of the financial statements provided, the Patrol staff were successfully budgeting their project funds and it appeared that the financial expenditures of the Patrol were well planned. A budget describing the anticipated cost and how the funds were to be spent was prepared—even though it was not required by the funding agency. This budget made it possible to plan and monitor the expenditure, and identify any areas of increased or reduced spending throughout the year. There were some monetary problems at the beginning of the 1997-98 financial year because Waringarri did not receive grant funds from the Aboriginal Affairs Department until November 1997. However, funds were borrowed from other grants and later reimbursed when the moneys were received.

The actual expenditure in 1996-97 in all cost centres, except office costs and uniforms, was well under budget and resulted in a surplus of $7352. The financial statement below shows that of the $43 000 allocated to wages of the CDEP patrollers, only $37 720 was spent. This may be due to the fact that the Patrol did not have a coordinator for six months. Considering the difficulty the Patrol has experienced in keeping regular patrollers, one solution might be to use the $5280 surplus to increase the wages of the patrollers as an incentive for them to stay on.

The only concern the review team had was that the Sobering-up Shelter and the Patrol shared the same order book. While it was possible to identify what items were purchased, there appeared to be no system of coding the orders and thus purchases may have been charged to the wrong projects or cost centres. The review team recommends that a system be put in place which requires staff to identify the cost centre for each purchase. This will make preparing financial statements easier and ensure that costs are correctly allocated.

Table 7. Miriwong Patrol—Statement of income and expenditure for the year ended 30th June 1997.

	Actual	Budget	Variance
INCOME			
Grants received -AAD recurrent	50 000	50 000	0
Donations	930	0	(930)
Interest received	327	0	(327)
	51 257	50 000	(1 257)
EXPENDITURE			
Salaries and on costs			
Community workers	34 488	43 000	8 215
Superannuation	2 888	0	(2 888)
Workers compensation	344	0	(344)
Total Salaries and Oncosts	37 720	43 000	5 280
Other recurrent			
Insurance	438	2 000	1 562
Motor vehicle	2 203	4 000	1 797
Office costs	2 424	1 000	(1 424)
Uniforms	1 120	0	(1 120)
Total Other Recurrent	6 185	7 000	815
Total Expenditure	43 905	50 000	6 095
UNEXPENDED BALANCE	7 352	0	(7 352)

3.5.4 Sobering-up Shelter

Based on correspondence with the funding agency (the Western Australian Drug Abuse Strategy Office), and the financial statements provided by Waringarri, it was evident that the Shelter's staff were experiencing difficulties in administering its budget. There were large, obvious discrepancies between the Shelter's estimated budget and actual expenditure for certain items, and there were few measures in place to monitor or control over-expenditure. To date, all levels of management appear to have ignored the discrepancies, or have failed to develop solutions to address the ongoing financial problems. Although staff at the Shelter identified many of the underlying causes of the over-expenditure, in the past they often felt excluded from, or incapable of dealing with, many of the processes that could alleviate the difficulties. This is discussed in more detail in the section *Factors that impact on the service provision of all Waringarri alcohol services*.

Based on the 1996-97 budget, it was estimated that expenditure on some items, such as consumables and utilities, was five times higher at the Moongong Dawang

Shelter than expenditure on similar items at other Western Australian sobering-up shelters. In order to explain the discrepancy, the funding agency analysed expenditure data from other sobering-up shelters and adjusted for variables such as:

- the size of the shelter and the numbers of clients who were accommodated;
- the remoteness of location (which increases the cost for consumables, telephone calls, and building maintenance); and
- the weather conditions at the location (which increases the cost of electricity for air-conditioning).

Even after adjusting for the above variables, the Moongong Dawang Shelter still spent close to twice as much on the above items than any other shelter in the State.

During the evaluation, the review team held a meeting with the Shelter manager and a carer to discuss the financial management of the Shelter. The meeting aimed to identify the underlying causes of over-expenditure, and to develop ways of becoming more cost effective by addressing why discrepancies existed between the estimated and actual expenditure. There were two main areas of concern that arose from the meeting; resource management issues and broader management issues.

At the planning meeting, the staff of the Shelter nominated the major difficulties they encountered on a day to day basis. They saw the main resource management problems as being:

- inappropriate use of Shelter resources such as consumables, utilities, vehicles, first aid supplies, and petrol;
- inadequate monitoring, at the Shelter level, of expenditure on resources; and,
- inadequate measures in place to ensure the legitimate use of resources.

These problems were found to be compounded by broader management issues which seemed to permeate all levels of the management hierarchy. The latter included:

- withholding of financial statements and budgets from the Shelter manager by the previous Administrator;
- managers' lack of financial management skills; and,
- management, at all levels, took no initiative to investigate discrepancies and failed to take action once the auditor identified financial problems.

As explained above, staff at the planning meeting identified a number of problems which resulted in the over expenditure on certain items. For example, in 1996-97, $5200 was budgeted for consumables yet $12 766 was actually spent during that

financial year. The reasons for the high expense of consumables were discussed during the planning meeting and it was found that:

- people other than clients were eating the food;
- in the past, clients were sometimes provided supper;
- night clothes for the clients were possibly purchased using funds allocated to this cost centre; and,
- food was not bought in bulk and a weekly/monthly shopping budget was not being prepared.

The telephone expenses were also excessive, approximately four times greater than anticipated, as a result of people using the telephone for their personal use.

The manager explained that a number of measures had been put in place to prevent visitors and staff from misusing the Shelter's resources. However, based on observations made by the review team it was evident that these measures were ineffective. For example, over a two hour period, the project officer—in the presence of the manager—twice observed food being taken from the fridge, two bandages being taken from the first aid kit, and a set of latex safety gloves being taken, all for non-work related purposes.

The manager attempted to address such misuse of resources in an non-confrontational way by displaying written warning signs near the telephone and on the fridge, but people ignored them. Although the manager was fully aware that the measures he implemented were unsuccessful, he failed to respond with more assertive action. It is important to note, however, that it was difficult for the manager to confront the offenders—who were usually family members—and stop the misuse of resources because this action goes against Aboriginal etiquette of sharing. Sharing is an important part of Aboriginal culture, and the manager found himself in an awkward situation. For example, if someone asked him if they could make themselves a meal using the Shelter food, he knew it would be expected of him—as a family member—to say 'yes' despite recognising that he was then failing to meet his managerial responsibilities.

The review team sympathises with the manager and understands his difficult position, yet, as one community member explained, 'He needs to learn to say no. He'll be unpopular for a while, but people will learn they can't use the Shelter as their home. It's part of our way, giving, but he can't let people take things from the Shelter'.

Table 8. Moongong Dawang Shelter—Statement of income and expenditure for the year ended 30 June 1997.

	Actual	Budget	Variance
INCOME			
Grants brought forward			
Evaluation	4 158	0	4 158
Moongong Dawang 93/94	12 637	0	12 637
Capital 95/96	18 681	0	18 681
Recurrent 95/96	71 399	0	71 399
Grants received - sobering-up services 1996/97	242 306	242 306	0
Service charges	0	569	(569)
Chuck -in	880	0	880
Bus hire	3 800	0	3 800
Rent received	5 720	0	5 720
Interest received	1 641	0	1 641
Total Income	361 222	242 875	118 347
EXPENDITURE			
Salaries and On costs			
Salaries	189 463	170 588	(18 875)
Workers compensation	1 344	1 402	58
Superannuation	10 345	9 895	(450)
Leave loading	0	2 766	2 766
Total Salaries and On costs	201 152	184 651	(16 501)
Other Recurrent			
Insurance	3 119	3 500	381
Meetings	377	800	423
Registration and licences	302	350	48
Repairs motor vehicle	2 364	1 200	(1 164)
Fuel	4 964	1 500	(3 464)
Repairs buildings and grounds	6 560	2 000	(4 560)
Promotion alcohol awareness program	1 765	1 500	(265)
Electricity	10 553	4 914	(5 639)
Water consumption	700	2 000	1 300
Consumables	12 766	5 200	(7 566)
Computer support and maintenance	0	300	300
Administration	0	8 500	8 500
Medical supplies	401	1 500	1 099
Office supplies	7 611	1 000	(6 611)
Telephone & facsimile	5 826	1 500	(4 326)
Travel allowance	0	400	400
Audit costs	0	1 500	1 500
Accounting fee	4 250	8 500	4 250
Bank charges	(248)	60	308
Cleaning	3 618	4 500	882
Conferences	740	500	(240)
House hold items	3 549	1 000	(2 549)
Legal fees	127	0	(127)
Security	0	300	300
Subscriptions	0	300	300
Uniforms	1 541	5 000	3 459
Loss on disposal of assets	569	0	(569)
Total Other Recurrent	72 054	58 224	(13 830)
Capital Acquisitions—Sobering-up Shelter	92 395	0	(92 395)
TOTAL EXPENDITURE	365 601	242 875	(122 726)
DEFICIT	(4 379)	0	(4 379)

In addition to the situation described above, there was some evidence that the excessive cost of certain resources could be attributed to other factors. For example, during the 1996-97 financial year, $10 553 had been spent on electricity instead of the anticipated $4914. This figure was particularly excessive given that the Shelter had been designed to operate using minimal electricity, and the staff had made a concerted effort to minimise the unnecessary use of appliances. After considerable deliberation, it was decided that the most probable explanation was that the manager's house and the 'blue' house at the back of the Shelter were connected to the same power line. Likewise, it was also suggested that many resources were not correctly charged to the appropriate cost centres, and that in some cases, it was possible that items were purchased for other Waringarri projects such as the Patrol.

Many of these resource management problems can be addressed at the Shelter level. For example, the strategies developed by the manager and the carer during the planning meeting were simple, practical solutions which, if implemented, could greatly improve the financial position of the Shelter. Importantly, it must be recognised that these localised strategies cannot operate in isolation, and that steps also need to be taken to address the broader, more complex management issues.

3.6 Factors That Impact on the Service Provision of all Waringarri Alcohol Services

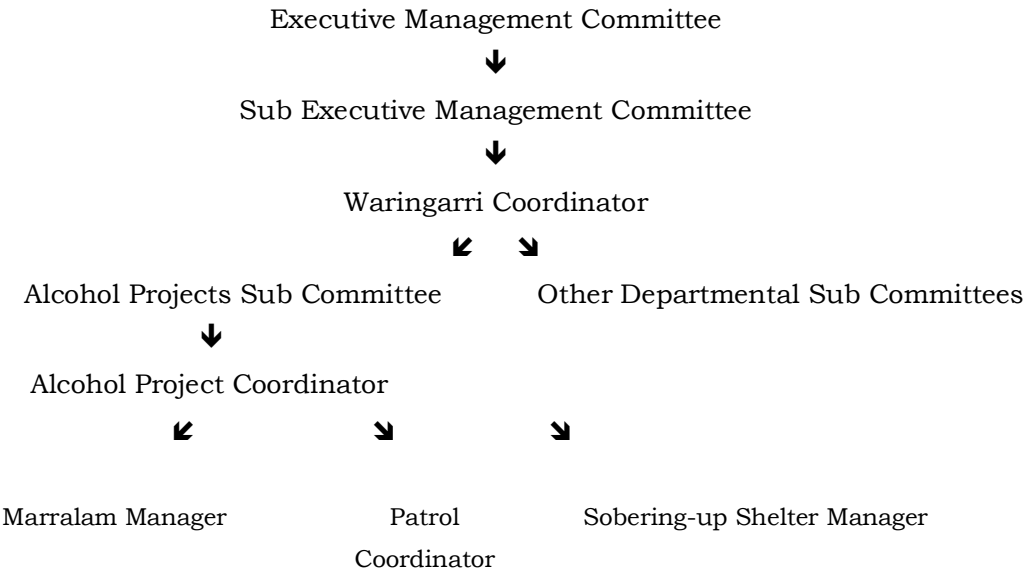
The review team found that there were a number of common factors that influenced the successful implementation of strategies and the achievement of objectives for all Waringarri alcohol services. It was evident that in order for projects to work effectively, no matter how well they reflected the needs of the community, they must have a good administration and management base, be conducted by trained and experienced staff, and have the support of the community. How these factors have impacted on the service provision of all Waringarri alcohol services is discussed below.

3.6.1 Management Structure

Waringarri has a hierarchical management structure in which the alcohol projects are managed at six distinct levels. Although the projects and various levels of management enjoy a high degree of autonomy, they are ultimately accountable to the Executive Management Committee. The Executive Management Committee oversees the services of six departments which include a diversity of projects including the Waringarri Arts Centre, Waringarri Media, and the Language Centre. In order to understand the problems that affect the operation of individual alcohol projects, it is necessary to explain

the structure and functioning of the management hierarchy. Figure 4 illustrates the six levels of management.

Figure 4: Waringarri Management Structure



The Executive Management Committee is comprised of four people from Kununurra and twelve people from the 27 outstation communities surrounding the town. Up until January 1998, the Committee was comprised of four people from Kununurra and one person from each of the 27 outstation communities surrounding the town, however, an insufficient number of people were nominated at the 1997 Annual General Meeting, and so the numbers required for the Committee were reduced via a resolution passed at a Special Meeting held in January.

Members of the Executive Management Committee must be registered members of Waringarri and be Aboriginal. Elections are held at the Annual General Meeting by a process of nomination, seconding by other members of Waringarri, and then voting by all registered members of Waringarri. A Chairperson and a Vice-Chairperson are elected from among the successful candidates by Waringarri members. Participation on the Committee is voluntary and members donate approximately five hours per fortnight of their time to participate in meetings.

Five members of the Executive Management Committee are also members of the Sub Executive Management Committee. These people are generally those who attend all Executive Management Committee meetings and are willing to donate an additional two to five hours of their time per fortnight. This Sub Committee is responsible for meeting with managers of the various departments to discuss issues as they arise, and to make recommendations regarding these issues to the Executive Management Committee. Members of the Sub Executive Management Committee are also eligible to sit on the Departmental Sub-committees which govern the six departments.

Within Waringarri, there was some confusion about the Waringarri Coordinator's role within the management structure, and this has caused some tension between the Waringarri Coordinator and the various committees. It appears that the Waringarri Coordinator was not being allowed to make management decisions of any significance, and that often his position in the hierarchy was overlooked by the project managers. Many issues that should have been passed by him went straight to the Executive Management Committee and Sub Executive Management Committee, and therefore he was not given the opportunity to investigate the problem and provide more details to the Committees. This resulted in increasing the workload of the Committees, and heightened the risk that they may have made poorly informed decisions.

The Departmental Sub-committees are comprised of all the departmental staff, one or a few interested representatives from the Sub Executive Management Committee, and, in some cases, community members. They meet fortnightly to discuss the day to day running of projects—much like an informal staff meeting—with the aim of resolving administrative and management issues. The Departmental Sub-committees do not have the power to make any major management decisions, and instead make recommendations to the Sub Executive Management Committee, which in turn presents their own recommendations to the Executive Management Committee. The Executive Management Committee makes the final decisions about the courses of action to be taken.

The structure of the management hierarchy has had many effects on the running of the Waringarri projects. First, there was little or no community representation at the departmental sub-committee level and therefore project staff were able to make decisions without being directly accountable to the concerns of the community. This in turn created the possibility of the departmental sub-committees operating on the basis of self-interest, and virtually eliminated any unbiased assessment of agenda items. Second, non-Aboriginal staff members have been excluded from some Executive Management Committee meetings, and there were cases where budget items could not be properly

discussed because the administrative officer was not in attendance. Third, the amount of time required of the Executive Management Committee members was rather excessive as meetings often lasted for five to six hours, and so attendance at meetings was sometimes less than the six people required for a quorum. Fourth, there were no clear guidelines regarding the roles and responsibilities of each level of management, resulting in a disjointed and inefficient decision making process, and a system that nurtures a lack of accountability.

The absence of clear guidelines is a major concern of the review team. It has meant that there was not an effective system in place to ensure projects were adequately supported and running as effectively as possible. This was due in part to poor communication between committees about progress on issues, and in part to committee members not realising that they were accountable for detecting problems, including financial discrepancies. Many committee members were unaware of the extent of their powers or responsibilities, and often did not understand the processes and protocols in place to deal with problems. They therefore did not know when they were entitled to, or expected to, intervene in situations, or the potential scope that their actions could encompass. This in turn undermined the 'cross-checking' or 'safety net' capacity of the management structure, and distanced the committees from many of their responsibilities.

Other management issues

A number of informants felt that the meeting procedures of the various committees were flawed, and that members were exercising powers that were not included in the Waringarri Constitution. Section 13 of the Constitution lays out the protocols for holding meetings of the Executive Management Committee, with section 13(6) stating that 'Decisions at Committee meetings shall be made by consensus of the Committee members'. There were allegations that decisions were not being made in this equitable manner, and instead, the Chairperson was dominating the meetings. This is contrary to the role of the Chair, which is to facilitate meetings, remain neutral at all times, and ensure that all members have an opportunity to speak on issues. In cases where the Chairperson has strong views on a matter and therefore wishes to voice personal views during part of the meeting, Section 13(5) allows the person to step down from chairing that section of the meeting and have the Vice-Chairperson preside over it instead. However, it was alleged that on at least three separate occasions, the then Chairperson remained in his role as the Chair while expressing his own personal views on issues.

In addition to problems with the Executive Management Committee meetings, there appears to have been a level of dissatisfaction among some alcohol project staff and committee members with meeting procedures and decision making processes in general. While not suggesting that the committees failed to make good decisions, some staff felt—and the review team agree—that meetings should be more structured to ensure that all members have equal opportunity to participate. This way, decisions are seen to be made fairly and within the boundaries of Waringarri's policies and constitution. A number of committee members recommended that everyone should receive training in how to effectively run and participate in the meetings so that protocols are observed:

> There have been instances where the constitution has been changed on a whim, no voting occurred, just not going through proper protocol... The coordination of services needs clear policies... and need to train committee and conduct meetings fairly and properly.

The majority of staff who attended the Alcohol Projects Sub-Committee meetings stated that when issues were discussed or decisions were made, they were rarely followed through and therefore the same problems kept on recurring. The review team attended a number of sub-committee meetings and it was obvious that there was very little structure, issues were often left unresolved, motions were not passed on recommendations, and action plans were vague. On the basis of these observations and from discussions with staff, it was evident that meetings need to be more structured, detailed action plans need to be established for new tasks, and the Chairperson needs to receive training on how to run meetings so that they produce results. They also reinforced the need to have more non-staff members present at the meetings to maintain a higher level of accountability to the community.

One of the reasons why issues raised at meetings were not followed up was that many managers had multiple demands on their time and therefore did not dedicate sufficient time to resolving their project's problems. It was not uncommon for managers to have responsibilities with other organisations such as ATSIC, land councils, and community groups, and this placed enormous strains on their time. As in most country towns, well skilled community members who are held in high regard are in great demand for other positions, and it was difficult for managers to refuse requests for their attendance. The Management Committee needs to address this by stipulating how many hours per week a manager may dedicate to other activities, especially if those other activities are impacting on his responsibilities to Waringarri. For example, inter-agency meetings had to be cancelled because the relevant manager was attending a meeting for another organisation. While participation in other activities is important for networking and establishing inter-agency working relationships, it should be conducted in a way that has minimal impact on the effective running of the alcohol projects.

The issues discussed above and in the previous section on *Management structure* are extremely important for Waringarri and the alcohol projects to consider. The review team believes that addressing these concerns in a systematic and holistic manner will increase the accountability of the various projects and greatly enhance their reputations in the community's eyes.

3.6.2 Administration

The review team found that there were a number of administrative problems that contributed to the poor management and running of some projects. The main issues were:

- some administrative staff were employed with no prior experience, and had inadequate skills and training for the range of tasks they were expected to undertake;
- the administrative section of Waringarri was understaffed and ill equipped to resolve the financial problems experienced by the alcohol projects;
- administrative staff and management were not working together to resolve the projects' problems; and
- there was a lack of managerial support for administrative staff if they tried to intervene after they had identified problems with projects. Furthermore, there were no systems in place which either required staff to adhere to the advice of the administrative staff, or which required intervention and follow up by upper management.

The overall effect of these was that the services ran less efficiently, were constantly over budget, and ongoing problems were rarely resolved.

Waringarri has an administrative department, the staff of which is comprised of an administrative officer, a book keeper, and three clerical officers. During the period of the evaluation, the review team observed the staff conducting the following duties:

- Administrative Officer
  - prepared financial reports
  - monitored project expenditure
  - trained other administrative staff
  - prepared reports for funding bodies
  - arranged payment for goods and property

- Book Keeper-
  - assisted the administrative officer in the above duties
  - assisted in paying bills and recording invoices
  - organised salaries and CDEP payments

- Three clerical staff
  - assisted the administrative officer and book keeper in the above responsibilities
  - assisted community members to prepare weekly budgets
  - processed meals on wheel payments

. undertook other administrative duties.

In addition, the administrative staff informed the research team that their responsibilities also included: assisting community members to prepare weekly budgets; provision of support to project managers; and assisting with project planning.

While it may appear that five staff members were an adequate number of people to perform the above tasks, most of the staff did not have a range of well developed skills and required additional support from the administrative officer. This was because Waringarri supports a policy of Aboriginal employment and as a consequence, they were in the process of training the clerical officers. This created quite a strain on the administrative officer's time and was compounded by the fact that the alcohol projects' managers also lacked financial or administrative skills, and therefore needed substantial support as well. The effect of this situation was that the administrative officer had far less time to spend on other important administrative duties, such as training, reporting to the management committees, and devising systematic approaches to solving the problems being experienced by the projects.

One of the duties that was neglected because of time pressures was the provision of assistance to project managers to enable them to operate within their budgets. When administrative staff detected financial anomalies, they were supposed to bring the discrepancies to the attention of the project managers and the Waringarri Coordinator for discussion. This information should then have filtered through to the higher levels of management and appropriate actions taken. However, because there were no systems operating that monitored progress on issues, they were rarely resolved.

The views of the administrative staff should be more actively sought both by the management committees and—in particular—the Waringarri Coordinator; as the administrative staff are in the best position to detect financial problems as they arise. In addition, administrative staff can be a valuable source of information to the committees. For example, they can identify other aspects of project functioning—such as the strengths and weaknesses of the different project managers—so that training and support can be arranged where appropriate. It is important that administrative staff feel supported by the management in their attempts to help resolve problems, and that they realise their role is to assist in maintaining a level of accountability to the community and the funding agencies.

Given the extent of the problems being experienced by the alcohol projects, it is the opinion of the review team that an administrative officer should be employed to

specifically administer the alcohol projects. This would help to address the poor financial management of the projects, and would significantly reduce the workload of the central administrative officer. The alcohol projects administrative officer would be required to plan and oversee the budgets, train project staff on basic financial and general administration, provide advice and reports to the various management committees, and—if the selected person was non-Aboriginal—train an Aboriginal person for the position. Initially, the officer should be contracted for a 12 month period after which the impact of the position on the alcohol projects should be evaluated. If it is found that the position has resulted in positive changes, it should become permanent.

If a full time position were to be created, the person should work approximately one day per week on each of the four projects, and spend one day per week on training, reporting, and establishing new systems to ensure the smooth running of projects. The range of skills required for this position would necessitate that the person has formal book keeping qualifications, experience in office management, proficiency in human resource management, be able to conduct training with Aboriginal people, and be competent in devising financial management systems. Based upon the wage award for a similar position at a Tertiary institution, an estimated minimum wage range for the position is $33 000 – $36 500 (Administrative Staff Level 5).

Financial administration

The most common problem shared by all the alcohol projects was the poor management of finances and assets. Budgets were constantly exceeded, assets were unaccounted for, and expenditure on certain items was excessive by any standards. The situation was allowed to continue for such a long time that the alcohol projects now face serious consequences if they are unable to rectify the recurring problems.

There were four main reasons for the current financial difficulties. First, the vast majority of staff did not have the financial skills required to effectively design and administer a budget. Second, there were inadequate localised and centralised systems in place to identify and address financial discrepancies. Third, management did not take sufficient measures to follow-up on financial problems and attempt to find a permanent solution. Fourth, the funding bodies have continued to fund the projects despite their obvious financial difficulties—without, until recently, insisting on the implementation of new measures designed to minimise over-expenditure.

As discussed in the previous section on *Administration*, it appears that the greatest cause of these difficulties was the lack of financial management skills possessed by the

project managers and most other staff. Very few had even the most rudimentary understanding of how to reconcile budgets, and there were cases where resources were allegedly misappropriated, yet they were not documented or followed-up by the project managers in any substantive manner. This lack of action was, at least in part, due to their poor financial management skills.

In order to improve the functioning of the projects, its is imperative that as many staff as possible receive financial training, the level of which should be dependant upon the position of the employee. Project staff such as Patrollers and counsellors would only require a minimal amount of training—sufficient to explain the parameters of their respective budgets, how to document expenditure, and ways to minimise costs in general. Project managers and administrative personnel would require more involved training, especially in reconciling their budgets, identifying discrepancies and addressing them. The funding body should recognise this deficiency and undertake to provide extra money to finance the training.

At the time of the evaluation, it did not appear that Waringarri's system for monitoring the budgets was effective and functioning properly. Marralam did not have any cost centres established, and it seemed that often expenses were not being allocated to the correct cost centres for other projects. The review team attempted to substantiate this, however, the administrative staff could not provide the relevant receipts.

It was not uncommon for the administrative staff to find out about expenses four to six weeks after they had been incurred. Staff were often not forwarding receipts for purchases and the administrative staff only became aware of them when they received a reminder notice. As a result, expenses relating to purchases made in previous financial quarters were charged to the incorrect quarter, thus creating the impression of erratic or over expenditure. Most importantly, it made close monitoring of the budgets virtually impossible. This is contrary to Section 15(2) of the Waringarri Constitution which states:

> The accounting records shall be kept in such a manner as will enable true and fair accounts of the Association to be prepared from time to time, and for those accounts of the Association to be conveniently and properly audited in accordance with the Act.

In the past, administrators have even denied project managers access to financial records, and it is recommended that greater communication regarding financial matters occur between the administrator, the Waringarri Coordinator, the Alcohol Project Coordinator and the project managers.

Section 15(1) of the Waringarri Constitution states that:

> The Committee shall:-
>
> (a) Arrange for proper accounts and records of the transactions and affairs of the Associations to be kept, and shall do all things necessary to ensure that all payments out

> of the money received by the Association are correctly made and properly authorised, and that adequate control is maintained over the assets of, or in the custody of, the Association, and over the incurring of liabilities by the Association.

As mentioned previously, it appeared that financial difficulties were not being reported to the appropriate managerial bodies, and therefore 'adequate control' was not being maintained. For example, some financial problems continued for up to twelve months without being formally identified by the upper levels of management. New systems need to be implemented at all levels of management that make it impossible for large financial discrepancies to go undetected, and managers and committee members must understand the scope of their responsibilities in this regard.

It is important to point out that the blame for the current financial situation cannot be laid solely on Waringarri. Although the alcohol projects have continually experienced significant financial difficulties, little action has been taken by the funding bodies to assist Waringarri to devise new methods of dealing with the problems. Given that the problems have been ongoing for a significant period of time, the funding bodies should now consider better training for Waringarri staff, and alternative ways of supporting the organisation to enable it to better manage its financial affairs.

Some simple but practical steps could be taken to minimise the financial problems being experienced by the alcohol projects are:

- the funding bodies should work with Waringarri to develop specific cost-centres for the projects and their component parts;
- project managers and administrators should clarify and enforce appropriate spending guidelines;
- an assets register and a better storage system for portable assets should be established;
- a penalty system for inappropriate use of funds or resources should be created; and
- a localised and centralised system of checking expenditure should be developed.

Waringarri should aim to develop the systems with the expert assistance of the funding bodies, or with adequate financial support to hire appropriate consultants.

3.6.3 Staff

The Waringarri alcohol program was established in 1985 as a one person counselling service. Since then, it has expanded and at the time of the evaluation employed 13 full time workers and eight regular CDEP workers. Waringarri's human resources policy supports Aboriginal self determination, and 75 per cent of general and managerial alcohol project staff were Aboriginal.

The community and other agencies regarded the Aboriginal staff as being a major strength of the services offered and wished to see a high level of Aboriginal employment maintained. At the same time, they were frustrated by the inability or unwillingness of many staff to perform their tasks at an acceptable level, and they believed that steps must be taken to improve overall staff performance. There were four main areas of concern that need to be addressed:

- high staff turnover;
- lack of knowledge about roles and responsibilities;
- conflict between duties as staff members and responsibilities to family and culture; and,
- inadequate skills and training.

The Sobering-up Shelter and the management of Marralam were considered to have a stable workforce, with most staff members remaining employed for at least 12 months or longer. The Alcohol (Counselling) Project—whose staff also provide the counselling service at Marralam—and the Night Patrol had a high staff turnover, with few staff continuing their employment for more than six months. The main reasons cited for this were difficult working conditions, low wages, threats to personal safety and, in the case of the counsellors, inadequate on the job support.

Many staff members were unclear about their responsibilities, mainly because they had never been given a job description or any other form of clear guideline regarding their position. This in turn meant that they did not understand their roles within the alcohol projects and Waringarri, and that they were not performing all tasks required of them. All staff should be given a detailed job description and this should be discussed with their manager, and staff appraisals should be conducted using the job description as the basis for the performance criteria.

Aboriginal people in Kununurra have strict behaviour codes that determine how they can deal with certain individuals, and these codes often have to take precedence over their duties as staff members. For example, by law, the Patrollers were not supposed to pick up minors without their consent. However, many of them had guardianship responsibilities to minors because of family ties and therefore they were culturally obligated to take them home. If they failed to do this, then they faced repercussions—sometimes of an extreme nature—should any harm befall the minor. Likewise, the manager of the Sobering Up Shelter found it difficult to refuse the requests of family members for food or the use of the telephone because reciprocal responsibilities dictated

that he must share his resources. The Waringarri Executive Committee should investigate realistic ways to help staff address this delicate issue.

As discussed previously, there were many demands placed upon staff to attend meetings for other Aboriginal organisations such as land councils. The staff were respected members of the community whose input was considered valuable because of the positions they hold and the skills they possess, and their participation in other activities was therefore widely sought. There were also many cultural obligations which required people to be away from the workplace for periods of time. These other duties were absolutely necessary for maintaining the workers' positions within the community, yet they obviously impinged upon their ability to undertake their work. The management needs to consult with the staff to determine an equitable policy regarding time off from work so that other obligations can be attended to with minimal interference with the projects' operations.

Aboriginal people living in remote regions are often in a disadvantaged position in relation to acquiring the skills and qualifications necessary for their work. Educational opportunities have been limited, and it is difficult for many workers to undertake study because of the time needed to be spent away from home. As a consequence, it is common to find that the majority of staff within Aboriginal community organisations do not have formal qualifications. This was the case with staff working for the Alcohol Projects, and the review team believes that Waringarri should undertake to support staff who wish to attain a formal qualification. This will not only improve the overall quality of service, but also act as an incentive for staff to stay employed for longer periods of time.

3.7 Discussion

Waringarri Aboriginal Corporation has established one of the most comprehensive alcohol prevention and treatment programs in Australia, and it should be congratulated on developing a broad-based approach to reducing the harms resulting from alcohol and other drug use in the community. However, the process component of this evaluation, however, indicates that the four alcohol projects were meeting their objectives with varying degrees of success, and that none of the projects were functioning at their optimal level despite the concerted efforts of a number of dedicated staff. There was, nevertheless, a genuine interest expressed by the project staff, management, and funding agencies to rectify the situation and improve the services.

One of the major underlying factors that limited the efficiency of the alcohol projects was the overall Waringarri management structure. The hierarchical management

structure was not operating as intended, and staff and committee members did not have a clear understanding of their rights and responsibilities within that structure. As a result, there was minimal enforcement of standards and little project accountability. The Waringarri Coordinator was not being used to his capacity, communication between project managers and committees was poor, and excessive time demands were being placed upon members of the various management committees.

The poor management—and associated lack of project accountability—has resulted in ongoing financial management problems. There was gross over expenditure by some of the alcohol projects, charges to some cost centres were excessive, and expenses were being incurred without the authorisation of the administrative staff. To their credit, the administrative staff had tried to implement systems of tracking and reporting financial discrepancies, though these systems did not appear to be fully functioning.

Despite the financial and administrative difficulties which were occurring, all four of the projects had a series of positive outcomes. The community appreciated the efforts of the project staff and felt that they provided much needed services in the region. Other data, such as police statistics, supported this assertion. The general perception among community members was that the projects were extremely valuable, but that a lot more had to be done to improve their outcomes. They viewed this evaluation as an opportunity to identify the weaknesses of the projects and work with the funding agencies to rectify those problems.

The Alcohol Project was the first alcohol service to be established by Waringarri. The main services offered by the Alcohol Project were counselling and education, and the staff of this project, in particular the Alcohol coordinator, have played a major role in establishing the other three alcohol projects. Four counsellors worked at the Alcohol Project, with half of their time being spent working at Marralam Alcohol Treatment Program. None of the counsellors had either any real training or substantial prior experience in this type of work. The coordinator, however, has been in the position for 14 years and during this time successfully completed an Associate Degree in Aboriginal Community Development and a Diploma in Addictions. He has attended a number of comprehensive training programs and has illustrated that he has the knowledge and skills necessary to coordinate the alcohol services. However, the effectiveness of his coordination has been undermined to a large degree because of the amount of time he spends fulfilling other community obligations. He must dedicate more of his time to supervising and supporting the Alcohol Project counsellors, while still maintaining his community profile.

On the basis of the limited information recorded by the Alcohol Project team, it is difficult to determine to what extent they were implementing project strategies and were producing positive outcomes. However, from various other sources, including observations by the research team, it appeared that the Alcohol Project team was not working to its full potential, and as a result, were not achieving many of their objectives. All of the staff were enthusiastic about, and were committed to, the objectives of the project. However, a combination of lack of training and inadequate supervision severely limited their ability to undertake the tasks required of them.

The Marralam Alcohol Treatment Program assisted 69 clients between July 1995 to June 1997, of whom eight were identified as having maintained positive changes to their drinking after leaving the project. Treatment was comprised of counselling, education, cultural activities and alternative activities in an alcohol free environment. Community members and clients stated that the major strength of the Program was the cultural and alternative activities, and due recognition must be extended to the Marralam Community Chairperson—who granted clients access to country for the activities—and community volunteers who donated their time to impart cultural skills and knowledge.

During 1997, 72 counselling sessions, 114 bush trips, and 35 support activities were conducted at Marralam. All of the counselling sessions were informal, and except for 10 educational video presentations, no formal education was provided. The lack of formal treatment was a concern shared by a significant number of clients, community members, and the research team. Unfortunately, there was inadequate data available to undertake a full assessment of the project outcomes, and therefore it was not possible to assess how the absence of formal treatment may have impacted on treatment outcomes.

The Marralam Project was experiencing a number administrative problems. Though expenditure was less than income for 1997, the expenditure for some cost centres appeared to be excessive and, in some cases, double that of the previous year. The main factors that contributed to the budgetary problems were the ineffectual procedures in place to collect client fees, the inadequate resource loan procedures, the lack of financial skills among staff, and the lack of communication between the manager and administrative officer.

A common criticism of the Marralam Project was that clients did not remain sober once they returned to their community, and this was blamed on the lack of after care offered by Marralam and/or the Alcohol (Counselling) Project. While it is true that there

was limited amount of after care being offered, it should be acknowledged that the most significant factors which influence the likelihood of someone relapsing after treatment are boredom, unemployment, loss of purpose and pressure to drink. It was suggested that Marralam and the Alcohol (Counselling) Project design and establish an after-care program that includes follow-up, alternative activities, and assistance in gaining employment or further education.

Both the Night Patrol and Sobering-up Shelter have been very successful in reducing the number of drunken Aboriginal people who were placed in police custody. The outcomes of each of the projects were only small in comparison to the outcomes that were achieved from their collaborative efforts. The working relationship between these two services is a good example of how much more can be accomplished by establishing services that compliment each other.

The less positive aspects of the Shelter were not to do with the outcomes of the services or the strategies undertaken, but rather the administration of funds and lack of compliance with some policies. The Moongong Dawang Sobering-up Shelter was the most expensive service of its type in the State, and expenditure on some items was five times that spent by any other shelter. The main reasons for this were that the staff did not have the skills to manage the project's finances, and that some misuse of resources was occurring on a daily basis.

3.8 Recommendations

3.8.1 All projects

Management

- The Alcohol Project Sub Committee should be strengthened by restructuring it to include additional community members, a chairperson and vice chairperson from the Waringarri Executive Management Committee, an alcohol projects administrator, and the Alcohol Project Coordinator, Shelter Manager, Marralam Manager, and Patrol Coordinator.

- The role of the Alcohol Project Sub Committee should be to monitor the activities of the individual alcohol projects on behalf of the Executive Management Committee and Executive Management Sub Committee, and to make recommendations to these Committees on the planning and management of the projects.

- All recommendations made by the Alcohol Project Sub Committee should be approved by the Executive Management Committee before they are implemented.

- Training should be provided to ensure that Alcohol Project Sub Committee members are aware of their responsibilities and have the skills to undertake them.

- The position of Alcohol Projects administrator should be established.

- Adequate supervision and accountability procedures should be established and/or activated in order to enable ongoing monitoring and administration of the alcohol projects, including monitoring of staff performance.

- At each meeting of the Alcohol Project Sub Committee, and Executive Sub Committee, managers and coordinators should provide oral reports on their projects. These should include progress and outcome statements in regard to allocated tasks, and factors facilitating or impeding their progress.

- Managers and coordinators should provide written quarterly reports to the Executive Management Sub Committee on progress and financial status of projects.

- The various alcohol project managers should coordinate their activities with those of other Waringarri projects and other relevant service agencies. This coordination should be monitored by higher levels of management via the quarterly reports mentioned above.

Administration

- Procedures should be established or activated in consultation with the relevant funding agencies to ensure that there is continuous monitoring of the finances of each project. The funding agencies should allocate sufficient funding to cover the cost of such a system, including salary costs for an administration officer.

- Monthly meetings should be held between the Waringarri administrator, the alcohol projects administrator, and project managers to review project expenditures for the previous month and projected expenditures for the coming month. Minutes from these meetings should be presented to the Alcohol Project Sub Committee, and be included in the quarterly reports to the Executive Management Committee.

- All project budgets and cost centres should be reviewed to ensure that costs are correctly allocated to each of the projects. This will ensure that the costs of providing services can be adequately monitored and evaluated.

- All vehicles belonging to the alcohol projects should have log books to record mileage and expenditure on fuel and repairs.

- An asset register for each alcohol project should be maintained and all portable equipment, such as television sets, should be engraved with the name of Waringarri Aboriginal Corporation and the project name.

- All portable equipment should be stored in a locked store room.

- A register of all equipment loans should be kept and persons borrowing equipment should sign it in and out, and their signatures should be witnessed by another staff member.

Staff Development

- The roles and responsibilities of all staff members should be clarified, and revised duty statements prepared by the Alcohol Project Sub Committee. The new duty statements should be endorsed by the Executive Management Committee.

- Based on the revised duty statements, an assessment of individual staff training needs should be undertaken. Arrangements should be made to ensure that they are

provided with appropriate training, including financial management training for all project managers.

- Based on revised duty statements, annual staff appraisals should be undertaken by relevant supervisors and an independent reviewer.

- Funding agencies should allocate funds to train staff and provide more support to administration staff.

3.8.2 Alcohol (Counselling) Project

- The duties of the Alcohol (Counselling) Project Coordinator should be reviewed, and the time he commits to other community work should be negotiated between himself and the Executive Management Committee.

- The Coordinator should provide more structured, ongoing supervision to the counsellors. This supervision should include fortnightly project planning and debriefing sessions with the counsellors.

- A register should be developed to record client contacts, type of service provided, when and by whom the services were provided, and any outcomes. Such records should be regularly updated and summarised.

- A counsellor should be rostered to conduct daily, informal counselling and video sessions at the Sobering-up Shelter.

- Counsellors should follow up clients discharged from Marralam on a weekly basis. Clients should be able to request more or less counselling, depending on their needs.

- As originally planned, the alcohol awareness messages broadcast over Waringarri Radio should be updated every month.

- An assessment of alcohol and other drug use among young people should be undertaken and, on the basis of this, an appropriate intervention program developed.

- Alcohol project staff should plan the development of an outreach and after care program which could possibly include:
  - regular community visits to members of the clients' families and support networks;

. support of other community groups to provide regular alcohol free activities;
. a community based education program; and,
. the use of a vacant building at the Sobering-up Shelter as an alcohol free activity centre.

3.8.3 Marralam Alcohol Treatment Program

- The individualised treatment approach at Marralam should become more structured so that all clients are required to undergo the four stage assessment and participate in weekly education and counselling sessions.

- A formal agreement should be negotiated and signed between the Chairpersons of Waringarri and the Marralam Community regarding their mutual rights and responsibilities.

- More active attempts should be made to recover some accommodation costs from clients, and a simple system of receiving and recording payments by clients should be established.

- Unauthorised use of consumables or other resources should be stopped by adopting policies and procedures similar to those recommended for the Sobering-up Shelter.

- A review of suitable accommodation facilities needs to be undertaken and long-term plans need to be established to improve and expand the buildings at Marralam.

3.8.4 Miriwong Patrol

- The Patrol should change its name from Miriwong Patrol to a title that represents all Waringarri members and community groups.

- The Miriwong Patrol should be administered separately from the Sobering-up Shelter.

- Attempts should be made to secure additional funds from both private enterprise and government agencies to cover costs of top-up wages and/or other incentives for patrollers.

- Greater coordination should occur between the patrol, the licensees and the police with the aim of establishing strategies that reduce under-age drinking and the

number of intoxicated people on licensed premises. This can be achieved by the Patrol leader participating in the Kununurra Accord.

- Patrol operating hours should be extended to 12:30 am on Friday nights and from 7:30 pm to 12:00 am on Saturdays.

- Incentives—financial or otherwise—should be established to encourage patrollers to regularly attend work, especially on Friday and Saturday nights.

- The Patrol needs to develop strategies that will enable its members to establish good rapport with young people. The Patrol should work with young people to design ways of making the service more appropriate to their needs.

- The Patrol should establish a single school bus route with a set time table. This should be done in consultation with the school and parents so that each party understands their respective responsibilities, and the parents in particular realise that their children must be ready for the bus according to the time table.

- The policy regarding who can drive the patrol bus should be more rigorously enforced. Any person breaching this policy should face disciplinary action.

3.8.5 Moongong Dawang Sobering-up Shelter

- The services provided at the Sobering-up Shelter, being the provision of a safe environment for intoxicated people, were meeting community needs and therefore little needs to be done to improve them. However, there were more general administrative problems occurring at the Shelter that need to be addressed.

- Unauthorised use of consumables or other resources should be stopped by adopting policies and procedures similar to those recommended by Shelter staff at the 'cost effective' planning meeting. These policies should be enforced by the Shelter manager.

- A second CDEP worker should be employed to perform janitorial duties so that carers can wake clients at 7:30 am and still be able to complete their administrative tasks before their shift finishes at 8:00 am.

- Carers should wake clients at 7:30 am and serve breakfast between 7:30 and 8:00 am, so that the end of their breakfast will coincide with a visit by a counsellor at 8:00 am.

- Unscheduled visits to the Shelter should be made by a Sub Executive Management Committee member or independent person to review staff performance.

- The Shelter should promote greater awareness of its services, particularly among other service providers.

- The Executive Management Committee should investigate the allegations that staff and their visitors are using alcohol and illicit drugs at the Shelter, or coming to work intoxicated. If this is occurring, disciplinary action should be taken.

4.0 NGNOWAR-AERWAH SERVICES

Ngnowar-Aerwah Aboriginal Corporation was incorporated in 1985 with the aim of providing alcohol and other drug prevention and treatment services to Aboriginal people in Wyndham. These services included community based education awareness programs, bush camps and counselling.[21] In that same year the Department for Community Welfare donated an old building on the Bulungurr Hostel grounds which became the Ngnowar-Aerwah Centre. In subsequent years, Ngnowar-Aerwah obtained funding to employ a counsellor, to cover operating costs, and to purchase a vehicle. However, the organisation began to experience serious staffing and financial difficulties and, in 1992, it was forced to cease operation.

Following the closure of the Wyndham Prison, the Ministry of Justice announced that—for the 1993-94 financial year—it would make available to the Wyndham community an amount of $630 000 to develop a range of services to reduce both the rate of imprisonment, and the impact the closure of the prison would have on the town. This was to be followed by an additional grant of $370 000 for the 1994-95 financial year. The community formed the Wyndham Action Group (WAG) which was contracted by the Ministry of Justice to develop and oversee a process for the distribution of the funds and to develop projects to meet identified community needs. In 1993 WAG conducted a survey which identified the need for the following services:

- a women's and young children's safe house;
- a youth service;
- a Sobering-up Shelter; and
- an alcohol rehabilitation centre.[22]

Responsibility for providing services to meet these needs was undertaken by a number of community based organisations. Each organisation operates independently, but WAG continues to monitor their activities, provides administrative support and promotes networking between them.

Ngnowar-Aerwah was identified by WAG as the appropriate agency to develop a Sobering-up Shelter, an alcohol rehabilitation centre, and to deliver a range of related services. In 1994 steps were taken to re-establish the Ngnowar-Aerwah Aboriginal Corporation; a management committee made up of representatives from the community and relevant service agencies was formed, and program planning commenced. In the same year the Ministry of Justice employed an independent community alcohol worker to provide prevention and treatment services, and at the end of the year transferred that position to Ngnowar-Aerwah.

In the last three years Ngnowar-Aerwah has expanded to include a counselling program and an education and training program (both of which are run from the Community Centre), a residential rehabilitation centre at Seven Mile, and a patrol. Plans were also afoot to establish a sobering-up shelter in 1998. These services have been developed to ensure the provision of coordinated, effective prevention and treatment for people experiencing alcohol and other drug problems.[22] At the time this evaluation was undertaken, a total of five full-time workers (including one who receives CDEP wages plus 'top-up') and 10 part-time CDEP workers were employed to provide these services.

Two previous reviews of Ngnowar-Aerwah services have been undertaken. The first in 1991 and the second in 1995.[21,22] The report of the second review focused on the extension of services prior to the establishment of the rehabilitation centre and Patrol. Most of the recommendations from those reviews have been implemented.

4.1 Ngnowar-Aerwah Community Centre (Counselling) Project

The main aim of the Ngnowar-Aerwah Community Centre (Counselling) Project (hereafter called the Counselling Project) was to provide support and counselling to people who were affected by the harmful use of alcohol and other drugs. As its name suggests, the project is conducted out of the Community Centre. The Community Centre itself was originally established as both a drop-in centre where people could go to watch educational videos and to have a cup of tea or coffee, and as a place where they could go to seek counselling. As well as a meeting room, it included offices for the administrator, counsellors, and community alcohol worker. However, due to the difficulty in supervising visitors and kitchen facilities, the community drop-in service was later closed. In addition to the Counselling Project, a Community Education and Training Project and a Mentoring Project were also conducted from the Community Centre. The Mentoring Project was sponsored by the Department of Employment, Education, Training and Youth Affairs and aimed to promote workplace productivity by reducing the hours lost as a consequence of drinking, and it involved the supervision of clients on housing maintenance projects. The Counselling, Education and Training, and Mentoring Projects were all conducted by a female counsellor and a community alcohol worker, who also provided counselling and education at the Seven Mile Rehabilitation Centre and Women's Safe House.

4.1.1 Ngnowar-Aerwah Counselling Project Description

The following project summary has been taken from a report produced by the Ngnowar-Aerwah Management committee at a planning meeting in May 1997.

Objectives

- To engage clients for counselling and assessment.
- To provide individual assessment, counselling, mentoring services, and referrals to the rehabilitation program.
- To provide support to families impacted by hazardous and harmful use of alcohol and other drugs.
- To enable persons and families in Wyndham and adjoining areas affected by misuse of alcohol or other drugs to control their addiction.

Strategies

- The Centre to be opened and staffed 7.5 hours a day, five days a week, as advertised.
- Make contact with clients and to arrange appointments for them to meet with a male or female counsellor.
- Male and female counsellors to make assessments and draw up treatment agreements between clients and Ngnowar-Aerwah.
- Provide ongoing counselling to individual clients.
- A counselling room to be permanently available.
- 20 hours of counselling per week to be provided between counsellors.

Evaluation and on-going monitoring

Quantitative

- Register the number of persons making use of the Centre's resources.
- Register the hours of counselling provided to each client.
- Register the number of counselling sessions for each client.
- Register the number of court referrals.

Qualitative

- Clients statistical sheets.
- Written or verbal reports provided by counsellors.
- Three month reviews of clients' progress.

4.1.2 Ngnowar-Aerwah Counselling Project Evaluation

- ***To engage clients for counselling and assessment.***
- ***To provide individual assessment, on-going counselling, mentoring services, and referrals to the rehabilitation program.***

In 1996 and 1997, a total of 485 official 'contact sessions' were conducted by the counsellors based at the Community Centre. Of these 'contacts':

- 254 (52 per cent) were for individual counselling;
- 78 (16 per cent) were for group counselling sessions (each of which included contact with at least three clients);
- 136 (28 per cent) were referrals to other rehabilitation centres, or to the hospital for medical examinations or detoxification; and,
- 19 (4 per cent) were court assessments.

In addition, the counsellor and community alcohol worker made regular contact with the clients in the mentoring project, and made three to four daily informal contacts with drinkers and their families—contacts which often involved informal counselling. Based on these figures, it was estimated that at least twelve clients used the services each week. However, considering that the two staff members also conducted counselling and education at Seven Mile Rehabilitation Centre, conducted the Community Education and Training Program, and provided counselling at the Women's Safe House, their productivity was high.

Nevertheless, the evaluation team identified two factors that appeared to limit the number of clients accessing the Counselling Service. The first was a lack of awareness among some sections of the Wyndham community of the services offered by Ngnowar-Aerwah. Second, were decisions by some problem drinkers that they did not need help, or decisions not to seek help. This was a source of frustration to a number of family and community members who acknowledged the difficulties that the Ngnowar-Aerwah team faced in convincing these problem drinkers to reduce their levels of consumption.

- I don't think they (problem drinkers) want to change.
- I feel sorry for the alcohol workers because they are fighting a loosing battle.

To address this problem the counsellors undertook informal outreach activities and tried to accommodate the needs of the clients by arranging home visits if requested. This was perceived by some sections of the community as being of positive value. As one respondent said:

> It might take a few attempts before a person decides they want to do something about their drinking … As long as they know someone is there to help and that staff make regular contact so the person can go to them when he is ready.

However, the reality was that those who did not want to change their drinking behaviour would not seek counselling, unless they were required to do as a condition of their parole for example, or unless the health, social, or economic effects became unbearable.

The records kept by Ngnowar-Aerwah indicated that, in general, those who did utilise the services were satisfied with them. The evaluation team also received positive feedback from several community members and service providers about the outreach work and informal client contact provided by the counsellor and community alcohol worker.

- George (community alcohol worker) ... he visits the courts, talks to people on the streets, goes to the hospital to see if anyone would like to go to Seven Mile or to see if they just want to talk. He cares about these people, feels guilty (ie. compassionate) about the problems their drinking has got them into and wants to help.
- They respect Sister Frances.
- Sister Frances provides counselling or referrals to treatment and goes to seminars ... you see her out there talking to people on the street.

- ***Provide support to families impacted by hazardous and harmful use of alcohol and other drugs.***

Although no formal records were kept, the counsellor estimated that approximately 12 members of problem drinkers' families had sought personal counselling in the previous year. However, the total number of family members assisted was considerably greater, with most family members who approached the counsellors having done so on an informal basis, seeking support for drinkers. The number of family members utilising this service appeared to be limited to some extent by the attitude among some sections of the community that alcohol related problems can be solved only by working directly with the drinkers.

In addition to the formal and informal counselling provided in the wider community setting, the female counsellor also provided support to women—mainly the wives of heavy drinkers—during her weekly visits to the Women's Safe House. All of the women at the safe house had experienced various degrees of alcohol related violence, and the counsellor assisted them to deal with the associated emotional trauma. She also counselled those who misused alcohol or other substances about their problems.

- ***To enable persons and families in Wyndham and adjoining areas affected by the misuse of alcohol or other drugs to control their addiction.***

In addition to the provision of counselling, Alcoholics Anonymous meetings were held at the Community Centre once a week, and several community members and all of the Seven Mile residents attended. However, at the time of the evaluation, the meetings had

temporarily ceased following the resignation of a counsellor. While the Ngnowar-Aerwah services have been modelled on the 12 steps of AA, staff and committee members discovered that alternative treatment options were required to accommodate the needs of individual clients. The appropriateness of these various options is being considered before the AA meetings are re-commenced.

The staff of the Counselling Project were rigorous in recording client numbers and project outputs, and this data and feedback from some sections of the community indicated that they were particularly active. However, insufficient data had been collected by Ngnowar-Aerwah to enable measurement of the number of people who managed to control their misuse of alcohol and other drugs.

4.1.3 Extent to Which the Objectives of the Ngnowar-Aerwah Counselling Project Were Meeting Community Needs

Feedback from clients and community members confirmed that the objectives of the Counselling Project reflected the needs and expectations of the majority of community members. The formal assessment of community needs undertaken by WAG and Ngnowar-Aerwah has obviously benefited the development of the Counselling Project and the setting of its objectives.

Only two gaps in the range of services provided by the counselling project were identified. The first related to the lack of services provided for young people. Community and family representatives expressed concerns about the effect alcohol misuse among adults was having on young people, and about the apparent increase in the number of young people who were experimenting with, or regularly using, alcohol and other drugs. It was recognised that the counsellors faced some difficulties in this regard.

- Getting help for kids is difficult. Some of them don't want to go to Ngnowar-Aerwah because they are scared their uncle (who works there) will find out (they have been using alcohol or other drugs).

However, they felt that the project must begin to address the special needs of young people.

The second gap that community members identified in the objectives was the lack of activities that could provide an alternative to excessive drinking. A large section of the community also thought that more attention should be given to addressing the reasons that people drink—such as unemployment, boredom, lack of alternative recreation, and the constant pressures placed on people to drink. They recommended that alcohol free

family activities and events should be organised on a regular basis, and that the drop-in centre be re-established.

Despite these gaps, the project team had effectively met the needs of the community by providing counselling and support services to Wyndham residents, and to a degree had assisted clients to integrate back into the community. That they have done this, despite being understaffed, is reflected in some of the comments made by community members:

- Ngnowar-Aerwah needs a few more Georges.
- If they could clone George, they could be doing even better.

4.2 Ngnowar-Aerwah Community Education and Training Project

The Community Education and Training Project was established at a management committee planning meeting in May 1997, when the educational role previously performed by the counselling project staff was formalised and specific objectives developed. The project aimed to promote alcohol and other drug awareness, to make recommendations regarding alcohol and other drug policy, and to assist in community development. At the time the evaluation was undertaken, the project had been operating for six months.

4.2.1 Ngnowar-Aerwah Community Education and Training Project Description

The following project description has been taken from a report produced by the Ngnowar-Aerwah Management committee at a planning meeting in May 1997.

Objectives

- To raise awareness about the effects of alcohol.
- To enable persons and families in Wyndham and adjoining areas affected by misuse of alcohol or other drugs to control their addiction.
- To change prevailing community attitudes towards the use of alcohol and other drugs.
- To support and encourage communities wishing to become dry communities.
- To make recommendations to government departments and other organisations on matters that related to alcohol and drug use.

Strategies

- Work with other groups in alcohol and drug awareness and prevention.

- Publicise and conduct public awareness campaigns and education programs in schools concerning the physical and social consequences of the misuse of alcohol and drugs.
- Provide information, training and support for neighbouring communities to deal with their alcohol and drug problems.
- Encourage community development processes in fostering Aboriginal cultural values, and social and economic programs, to offset the misuse of alcohol and drugs.

Proposed strategies

- Provide resources for the community to access.
- Provide a library of 20 books, 30 videos and 10 (audio) tapes, relevant to alcohol and drug awareness and rehabilitation. The library to be open 8:00 am and 4:00 pm Monday to Friday. Professional staff advice on resources will be available 5 hours per week.
- Counsellors to work with groups to present alcohol and drug awareness and prevention programs.
- Two speakers to be available for 3 hours per week.

Future evaluation and ongoing monitoring

An evaluation sheet will be developed to monitor the provision of library items and group and individual responses.

- Register the number of people borrowing items and their responses.
- Record the numbers coming for repeat borrowing.
- Register number of hours public speakers are used and size of audience and response.
- Register the number of occasion's professional advice is provided and the time required.

4.2.2 Ngnowar-Aerwah Community Education and Training Project Evaluation

- ***To change prevailing community attitudes towards the use of alcohol and other drugs.***
- ***To raise awareness about the effects of alcohol.***

To obtain an understanding of knowledge and attitudes towards alcohol among Aboriginal people in Wyndham, the evaluation team undertook an informal survey among Ngnowar-Aerwah clients and community representatives. As indicated previously, the most common reasons given as to why people drink excessively were

problems such as unemployment, boredom, loss of culture and purpose, and poor housing and environmental conditions. Among the perceived consequences of alcohol misuse, of greatest concern were violence, family break-up, child neglect, and community disturbances. The health and well-being of drinkers were lesser concerns among those questioned. These findings suggested that most community members were concerned about the excessive use of alcohol and the harm it causes, as well as the factors underlying it.

Project staff were conducting comprehensive education sessions and meetings in an attempt to increase awareness and change community attitudes. Records showed that in 1996 and 1997 the staff at the Community Centre conducted 41 alcohol education and health promotion activities. These included: living with alcohol, anger management, an alcohol education program, Promoting Adolescent Sexual Health (PASH), school based alcohol education, alcohol dependency, 'getting to health too', relapse prevention, and the Munumburra Alcohol Free Festival. These educational activities were conducted in the community or at the premises of other agencies such as schools, the hospital and other medical centres, at health worker conferences, and Seven Mile Rehabilitation Centre where community members and non-residential clients were invited to attend. Not including the larger educational activities such as school based programs, health worker conferences, and Munumburra Alcohol Free Festival, an average of five participants attended each session or workshop. Most of these various activities were well received by the community.

One of the aims of the Community Education and Training Project was to make available educational resources to the community. However, in the absence of funds for this purpose this aim remained largely unachieved. At the time of the evaluation, there was a limited range of materials in the library at the Community Centre which were not available for loan.

There is clear evidence that—despite limited resources—project team members made considerable efforts to increase awareness about alcohol misuse and its consequences and to positively change attitudes. However, in the absence of previous baseline data against which the results of our informal survey could be compared, it was not possible to ascertain what impact these efforts had.

- ***To support and encourage communities wishing to become dry communities.***

It is clear from the discussions held with committee members and staff that Ngnowar-Aerwah aimed to provide support to neighbouring communities that wished to become 'dry' or that wished to implement strategies to minimise alcohol related harm. However,

it was apparent that such support was very limited. It was proposed that staff would provide support to the community wardens at Kalumburu and Oombulgurri, but Ngnowar-Aerwah records showed that this had not yet occurred. Similarly, we were told by the representatives of two community groups that they had planned to develop interventions within their communities and had consulted both Ngnowar-Aerwah staff and the police about their plans. However, they felt that the assistance they had received was insufficient. As one of them said:

- Ngnowar-Aerwah needs to help communities to develop their own alcohol program.

The counsellor and the community alcohol worker themselves acknowledge the lack of support they were able to offer to communities in this regard. However, as they indicated, and as our interviews and observations confirmed, their current workloads—which included responsibility for the Community Education and Training Project, the Counselling Project, providing counselling at the Women's Safe House, and managing the Seven Mile Rehabilitation Program—precluded the provision of more assistance. It is our view that, without the support of an additional staff member, the degree to which Ngnowar-Aerwah is able to provide this kind of support to communities will remain limited.

- ***Make recommendations to government departments and other organisations on matters that relate to alcohol and drug use.***

Committee members and staff had achieved this objective through verbal representations and participation on various committees, rather than through written reports or submissions. The community alcohol worker had participated in several state-wide government planning workshops, had attended several conferences and seminars, and had worked closely with the Alcohol and Drug Authority to develop educational strategies. He had also been a member of the East Kimberley Regional Justice Advisory Committee and was consulted by the Aboriginal Affairs Department regarding the establishment of the Patrol, and regarding by-laws and designated drinking spots. Staff reports also indicated that the female counsellor undertook a survey of the needs of the women in the town as part of her involvement with the Women's Safe House, and provided advice to the Department of Family and Children's Services and the Family Violence Working Party. The involvement of the alcohol worker and counsellor in these activities enabled them to successfully influence local policy and initiatives regarding alcohol and other drugs.

4.2.3 Extent to Which the Objectives of the Community Education and Training Program Were Meeting the Needs of the Community.

The documentation prepared by Ngnowar-Aerwah indicated that the Community Education and Training Project had been well thought out. The objectives and strategies reflected, and were clearly directed at, most of the needs of the broader Aboriginal community in Wyndham as they were expressed to the evaluation team. However, while the objectives of the program were generally in line with what the community wanted, there were community demands for more intensified work in two areas: the provision of alternative activities and the need for more work with young people.

First, it was suggested that there was a need for more activities which provided alternatives to the consumption of alcohol and which would change the attitudes of those within the community who believed that 'you can't have a good time or celebrate without alcohol'. In particular, it was felt that such activities should: 'teach people how to live without alcohol'; be 'designed to meet the needs of the local people and not just involve the implementation of a state wide program'; 'be conducted by qualified people'; 'include education on both alcohol and marijuana'; and should be conducted 'in the community' rather than at a town based centre.

Second, representatives of 25 community and family groups all recommended that more should be done to address the needs of young people. One section of the community called for the team to provide more school based alcohol and drug education. However, based on our own research elsewhere, we would be reluctant to agree with this section of the community that lack of knowledge is the main factor in the misuse of alcohol and other drugs by young people.[23] We would suggest therefore, that before more school based education is undertaken, the team should do more work to ascertain current student knowledge and to ascertain just what it required. Another section of the community also called for the development of more alternative activities which focused specifically on the needs of young people.

The evaluation team is supportive of community calls to intensify work in these areas and to provide more support to other communities. However—given that the workload of program staff already exceeds that which they can manage—it is not realistic to expect that such additional work could be undertaken unless resources were found to employ a community education worker to assist current staff in their duties. There is also a need for resources to enable Ngnowar-Aerwah to make more educational materials available to the community. Should such resources be found, before any new activities are undertaken, they should be based upon further assessment of the specific needs of different groups within the community.

4.3 Ngnowar-Aerwah Wyndham Patrol

The Patrol was established in February 1997 in response to the problems associated with public drunkenness. The Patrol was managed by a full-time coordinator, and had a patrol leader. At the time of the evaluation there were five patrollers (although this number fluctuated) including CDEP workers from the community and volunteers from Seven Mile Rehabilitation Centre. The Patrol operated from Wednesdays to Saturdays from 7:30 pm to 12:30 am, and on Mondays and Tuesdays as required.

4.3.1 Ngnowar-Aerwah Wyndham Patrol Project Description

The following project description has been copied directly from a report prepared by the Ngnowar-Aerwah management committee in May 1997.

Objectives

- To provide a pick up service for intoxicated people in public places where they can do harm to themselves or others.

Strategies

- Staff and resource the Patrol.
- Train staff.
- Educate public about the role of the Patrol.
- Support the patrol staff in their work to assure commitment.
- Patrol to operate Wednesday to Saturday in the area between 9 mile and the Port.
- Patrol will maintain contact with police whenever it is operating.
- Injured people will be taken to hospital.

Evaluation and on-going monitoring

Quantitative

- Record the number of people picked up, and taken to the hospital.
- Collect statistical data on the number of police apprehensions.
- Record any reduction in the number of alcohol related statistics.
- Record the number of injured people taken to the hospital.

Qualitative

- Feedback journals to be maintained in office.

- Community survey on Patrol after six months operation.

4.3.2 Ngnowar-Aerwah Wyndham Patrol Project Evaluation

- ***To provide a pick up service for intoxicated people in public places where they can do harm to themselves or others.***

The main objective of the Patrol was to provide a pick up service for people who were intoxicated in public places. That it was successfully meeting this objective was illustrated by the data in Table 9. In the period between 21st February 1997 and 31st March 1998, a total of 3091 people were recorded as having been picked up by the Patrol. Of these people, 67 per cent were intoxicated adults, 19 per cent were sober adults, and 13 per cent were under-age.

An attempt to measure changes in the rates of alcohol related harm since the inception of the Patrol was made by reviewing Wyndham Hospital data on admissions for alcohol related injuries. However, although there was a slight reduction in the number of such admissions, the figures were too small to make any useful comparison between the admission rates before and after the Patrol commenced.

Table 9: Patrol pick-ups and intoxicated persons detained in Police Lockup and arrested—January 1997 to March 1998

Month	Patrol	Detained in Lock Up	Arrests
January 1997		197	Not known
February	136	196	26
March	151	221	38
April	218	107	18
May	239	52	18
June	176	73	12
July	266	76	20
August	570	134	30
September	513	77	11
October	151	46	15
November	211	67	22
December	0	68	26
January 1998	147	49	23
February	153	39	20
March	160	16	7

Source: Wyndham Police Station
Western Australian Drug Abuse Strategy Office

The impact of the Patrol on police detentions and arrests can also be seen in the data in Table 9. The Patrol commenced operation in February 1997. However, as it only operated for one week in February and two-and-a-half weeks in March, there was no drop in the number of police detentions until April. In that month the number of detainees (90 per cent of whom were Aboriginal) was 107 compared to a total of 221 in the previous month—a fall of 53 per cent. In May, the number of detainees was further reduced to a total of 53 for the month. The rise in the number of detainees in August 1997 coincided with the Munumburra Festival, during which the population of the town was temporarily swelled by an influx of people from surrounding communities. Between January and April 1997—the period before the Patrol became effectively operational—the average number of drunken detainees in police custody was 180 per month. In the 11 months from May 1997 to March 1998, the average number of detainees was 63 per month—a fall of 65 per cent. While there was a reduction in the number of detentions following the establishment of the Patrol, there was no corresponding reduction in the number of arrests (most of which were alcohol-related) made by police. According to the police themselves, this was because the reduction in the number of drunken persons detained allowed them more time to undertake other policing duties.

Clearly, the Patrol had a significant impact on the decline in rates of police detentions, and had led to a reported reduction in public drunkenness. However, it must be acknowledged that other factors contributed to these changes. The officer-in-charge of the Wyndham Police Station explained that there was also a change in policing procedures with regard to intoxicated persons during this period. Efforts were made by the police to minimise the number of drunken people detained in custody, and no drunken detainees were kept in the lockup after 12:00 am. While these procedural changes also made some contribution to the decline in the number of detainees, it is important to recognise that they could not have taken place without the establishment of the Patrol.

It was also suggested by some local business owners that an apparent increase in random breath testing by the police led to a slight reduction in patrons who drank at the hotel and club, and increased the number of people who used the patrol and taxi service. The Wyndham Accord also appeared to have contributed to a reduction in the number of intoxicated people who were on licensed premises, and in public places. Under the Accord, which took effect in February 1997, the three main liquor outlets in Wyndham agreed to conditions restricting the sale of alcohol. In addition, an informal campaign to encourage drinkers to consume alcohol in their homes and designated drinking spots was undertaken by the police, the proprietor of Vagg's Liquor Store and, to a lesser extent, other service providers and community members.

Despite the contribution made by these other factors, on the basis of data provided by the Patrol and the police, it was evident that the Patrol had successfully provided a reliable pick up service for intoxicated people, had reduced the number of intoxicated people who were detained in police custody, and had probably led to a small reduction in both public drunkenness and alcohol related injuries.

4.3.3 Extent to Which the Objectives of the Patrol Were Meeting Community Needs

When asked the main consequences of excessive consumption of alcohol, the majority of clients, community members and service providers identified alcohol related violence and the number of Aboriginal people placed in police custody as among their main concerns. Given that reduction of these (and other harms) were among the objectives of the Patrol, it was addressing the needs identified by the community; and the majority of community members interviewed believed that the Patrol was achieving some success in addressing them. However, while most community members recognised the benefits provided by the Patrol, a number of people believed those clients who used the service on a daily or weekly basis were abusing the service; and they were concerned that, of itself, the service produced no long-term solutions to the problem of excessive alcohol consumption.

The major criticisms of the patrol were in regard to its administration. Of these, the most important was to do with the difficult and sometimes dangerous conditions under which patrol staff worked. Six months after the Patrol was established, a workshop was held by Ngnowar-Aerwah to review its functioning. The main problem identified was the high turnover of Patrol staff which was related to stressful work conditions. This led to a number of changes in rostering arrangements. However, the problem has not been adequately resolved. The turnover continues to be high and many of the patrollers are relatively young—a matter of some concern to sections of the community. Both the evaluation team and Ngnowar-Aerwah representatives believe that there is a need to increase the level of remuneration provided to patrol members to compensate them adequately for their efforts and to encourage them to remain with the service.

One issue of contention regarding the operation of the Patrol—and one which distinguished it from most others in Australia—related to the transport of alcohol. Initially the Ngnowar-Aerwah committee implemented a policy that restricted the transport of alcohol by the Patrol. However, the Patrol coordinator subsequently reversed the policy and clients were permitted—under the supervision of patrol members—to take

any unconsumed alcohol home with them on the patrol bus. A small section of the community were against this practice. As one of this group said:

- Shouldn't let people take their grog home because it causes trouble for family, and it encourages drinking.

However, the majority of community representatives in Wyndham supported the practice. Their perceptions were summed up in the words of one respondent who said:

- Really, what's the difference between allowing people to take their grog home under their arm or in their stomach.

Among the benefits of the practice identified by community representatives were a reduction in the number of people drinking in public places, reduction in the risk of intoxicated pedestrians being injured on the roads, and reduction of the number of people being taken into police custody.

Another concern voiced by sections of the community and other service providers—and one shared by the evaluation team—was that the coordinator appeared to be undertaking some of the duties of the Patrol Leader, including tasks such as directing nightly operations and driving the patrol bus. This involved the coordinator working at night and—while he was diligent in dealing with some of his duties, including overall supervision of the Patrol, record keeping, and the regular preparation of reports—it appeared to have resulted in less time being devoted to other aspects of his role including fund raising and wider more active recruitment of patrol members.

Several community members suggested that there should be more consultation in relation to decisions about the service. Of particular concern in this regard was the fact that the decision to change the policy on transport of alcohol—while generally being regarded a positive one—was made without prior discussion with and approval by the management committee. It was suggested that the coordinator be available during office hours so that there was more opportunity for people to discuss patrol activities with him. This view was also expressed by some other service providers and is a suggestion endorsed by the evaluation team.

Apart from expressing these concerns over the administration of the Patrol, community members made some minor suggestions for improving its effectiveness. These included:

- training for patrollers;
- increasing the number of foot patrols;
- extending the operating hours of the Patrol;
- extending the areas patrolled—including patrolling areas around private parties if it was known that these were being held; and,

- using the bus for other alcohol-free activities during the day.

Of these suggestions, training for patrollers was already being provided; and observations by the evaluation team and discussion with Patrol members suggested there was little need for more foot patrols and to provide them might compromise the safety of both patrollers and clients. We believe there is some merit in the other suggestions, however, the ability of Ngnowar Aerwah to introduce them might be limited by the availability of resources.

Some clients and community members complained that the practice of recording the names of people picked up by the Patrol was an infringement of their privacy. However, this was a minor complaint and we believe that objection to this could be fairly easily overcome if the coordinator and patrol members were to make clients aware of the legal and administrative reasons for the practice.

A small number of community representatives also suggested that, occasionally, the police should go out on the Patrol to promote awareness among clients that the patrol had police support; and that the Patrol should work more closely with the licensees to identify intoxicated people, to stop the sale of alcohol to them and remove them from the premises. Both the Patrol staff and police expressed satisfaction with their current working relationship, and it was observed that the patrol did maintain contact with the licensee of the hotel. However, we believe that these working relationships would be consolidated by undertaking these and similar strategies.

Although posters promoting the Patrol service were displayed at the hotel, it was apparent from interviews with community representatives that sections of the community had limited knowledge about the functioning of the Patrol. We believe that more work could be done, particularly by the coordinator, to promote community awareness and support of Patrol activities.

Despite the impact of the Patrol, the number of detentions of intoxicated people in police custody in Wyndham remained significantly higher than in Kununurra. The reason for this was that, unlike Kununurra, in Wyndham there was no safe place where intoxicated fringe dwellers and homeless people could be taken to sober up, and of necessity they were often placed in police custody. It is our view that the introduction of a sobering-up shelter would complement the efforts of the Patrol and further reduce the number of people who are placed in police lock ups.

4.4 Seven Mile Rehabilitation Program

The rehabilitation project involved informal and formal individual and group counselling, two compulsory education and life skills training workshops a week, and activities which provided an alternative to alcohol consumption. The project was conducted from the Seven Mile Rehabilitation Centre—a two building facility located on a two hectare block approximately eight kilometres from the town centre. In months prior to the evaluation minor construction had been undertaken, including enclosing the large veranda areas with shade cloth and developing the gardens.

The program was conducted by a manager/care taker who was also the community alcohol worker with the Counselling Project. He was assisted by a relief or 'weekend' manager, an activities assistant, a cook, a gardener, and a cleaner, all of whom worked part-time and were paid CDEP and 'top-up' wages. The activities assistant and the cook also voluntarily worked an additional ten to twenty hours a week.

The Centre had the capacity to accommodate up to 12 single clients. However, the number of residents at any one time varied depending on the number of families or couples staying there. Clients were permitted to visit their families in town, and community members were encouraged to go out to the Centre to visit the clients. In some cases clients were allowed to spend weekends with their families and to return to the Centre on Monday mornings to continue the program.

4.4.1 Seven Mile Rehabilitation Program Description

The following description of the Seven Mile Rehabilitation Program was prepared by the Ngnowar-Aerwah Management Committee.

Objectives

- To provide a supportive, safe, alcohol free residential based education program on alcohol.
- To enable persons and families in Wyndham and adjoining areas affected by misuse of alcohol or other drugs to control their addiction.
- To improve clients' health, psychological and social functioning.
- To assist clients' after care and integration back into the community.
- To provide an alternative lifestyle to enhance their quality of life.
- To engage clients for treatment.

Strategies

- Maintain existing accommodation and over a five-year period expand to provide places for 5 families.
- Employ staff: manager, cook, cleaner, activities officer.
- Provide a safe, alcohol free environment for residents.
- Provide organised activities to improve clients' life and social skills.
- Provide compulsory education programs on alcohol, anger management and safe drinking, for 7.5 hours a week.
- Provide individual counselling services, at least one hour per week.
- Provide 12 full time places.
- Provide clients with 3 meals a day.
- Organise training activities for 14 hours a week for all clients to improve work and life skills.
- Provide recreational activities for 20 hours per week.
- Provide 24 hour counselling support for residential clients as required.
- Ensure rostered participation in domestic maintenance by each client for one hour each day.

Management and Policy

- To accept any person wishing to attend the rehabilitation program.

Evaluation and on-going monitoring

Quantitative

Statistics on the number of:

- clients who attend the rehabilitation centre;
- hours dedicated to domestic maintenance by each client;
- training activities;
- hours of alcohol education;
- hours of recreational activities;
- hours of counselling support provided; and
- court referrals.

Qualitative

- Client surveys;
- written reports provided by counsellors; and,
- three-monthly counsellor reviews.

4.4.2 Seven Mile Rehabilitation Centre Program Evaluation

- ***To provide a supportive, safe, alcohol free residential based education program on alcohol.***

Between January and December 1997, 71 clients were admitted to the residential rehabilitation program—41 of whom were self-referred and 30 of whom were referred by the Ministry of Justice. Of these clients:

- 14 (20 per cent) completed the three month program;
- 17 (24 per cent) completed four to eleven weeks of the program; and,
- 40 (56 per cent) stayed for less than four weeks.

Another seven clients attended the Centre on a daily basis to fulfil work development orders as part of the conditions of their parole. To some extent, the work of the staff with these clients was made easier by the condition that—before being admitted—potential clients had to agree to attend all education and training sessions, and to participate in one counselling session a week during their stay.

Life skills training and alcohol education were offered every Tuesday and Thursday, and was conducted in a workshop setting. It involved lectures, group work, brainstorming, client interaction, group counselling and video presentations. Staff had the skills to conduct these activities, which were well received by the clients—despite some initial hesitation by new comers.

- (The education session) was good, I've never done anything like that before. The video was the best thing.
- Makes you think about your drinking.

Group and individual counselling were also provided as part of the Rehabilitation Program. Discussions with staff and clients at the Centre indicated that individual counselling was provided to all clients at least once a week, and additional individual counselling was available on request. Group counselling was also offered at least once per week and, on a visit to Seven Mile, the review team had the opportunity to observe the female counsellor conducting a women's counselling group.

While it was recognised that on-going counselling and education were important to the rehabilitation of clients, it was clear that the provision of a safe, alcohol free environment, away from the pressure to drink also contributed greatly to their ability to reduce their alcohol consumption. Several clients indicated that it was this 'time away' that had enabled them to remain sober. Some clients also went on to explain that they were apprehensive about leaving the Centre and believed that without a safe retreat—similar to that offered at Seven Mile—the chances of them remaining sober were small.

Based on interviews with clients, community members and staff, and our own observations, it was clear that Ngnowar-Aerwah was meeting its objective of providing a supportive, safe, alcohol free environment in which clients received regular counselling and participated in on-going education and life skills training, and that this service was valued by both clients and the general community.

- ***To enable persons and families in Wyndham and adjoining areas affected by the misuse of alcohol or other drugs to control their addiction.***

Follow up assessment to measure whether clients had learned to control their 'addiction' were not formally carried out by staff. However, it was estimated by the community alcohol worker that approximately 30 to 40 per cent of all clients completed the program and/or made some positive behaviour change in an attempt to minimise the harm associated with alcohol. These changes included abstinence, controlled drinking, restricting drinking to weekends, drinking only at home, gaining employment, and enrolling in educational or training courses.

Time and resources were not available to enable the review team to verify these estimates by following up all ex-clients of the Seven Mile Program. However, through interviews with some clients and community members, we were able to identify nine clients (13 per cent) who had adopted and maintained positive changes in their drinking behaviour as a result of participation in the program. Although this is likely to be an underestimate of the impact of the program, of the nine:

- six no longer used alcohol;
- two had reduced the amount they consumed, by starting to drink later in the day, and by consuming alcohol at home, rather than in other settings where there were greater pressures to drink; and,
- another—as well as commencing to drink later in the day and drinking only at home—had switched to drinking beer instead of higher alcohol wine.

Seven of the nine had also obtained either full-time or meaningful CDEP employment—four with Ngnowar-Aerwah itself.

In addition, representatives from 50 per cent of the community and service provider groups that responded to questions regarding the Seven Mile Program, were of the opinion that the program had produced positive outcomes and gave examples.

- Teaching people to give up the grog. I know of people who've been successful after going through the program.

- I know of three people who've changed positively (after going to Seven Mile Rehabilitation Centre). Two have since gained employment with Ngnowar-Aerwah.

- Helped my (family member) get off the grog. Some people just go there to sober up and that's good too.

The Seven Mile Rehabilitation Program recognised the importance of involving families in the treatment of people who were alcohol dependent. Where possible members of clients' families were provided accommodation at the Centre, and they were offered the same support as clients. They were encouraged to participate in the education and counselling sessions and to become involved in the recreational and work activities. It was difficult to determine to what extent the involvement of family members in the program contributed to the successful rehabilitation of clients. However, it is known from client responses, that loss of contact with family and friends was one of the main reasons those who were admitted alone left the program early.

Based on these findings it was apparent that the Seven Mile Program was providing support and treatment services to persons and their families who were affected by the misuse of alcohol and other drugs. There was also evidence that the program had achieved a moderate degree of success in enabling a number of people to control their misuse of alcohol and to make other positive life style changes. Nevertheless, despite the efforts made by Seven Mile staff, the rate of relapse was high. A number of external factors contributed to this, and the rate will remain high unless measures are taken to improve training and employment opportunities, raise the overall living standards of Aboriginal people in Wyndham and surrounding areas, strengthen client support networks, and reduce the pressures placed on people to drink.

- ***To improve clients' health, and psychological and social functioning.***

Before being admitted to the program clients were required to undertake a full medical examination. Regular visits to the hospital were made by clients during their treatment to monitor withdrawal, and to treat existing health problems, and injuries incurred prior to admittance. The review team observed that clients at Seven Mile were provided with clean accommodation, shower and toilet facilities, three substantial meals a day, minor medical treatment, and opportunities to participate in regular recreational activities.

The review team did not have access to the medical records of individual clients. However, based on what is known about the adverse health effects of chronic alcohol consumption, and what is known about the health benefits of eating three balanced meals a day, living in an hygienic environment, treating wounds, and participating in physical exercise, it was highly likely that all clients of the Seven Mile Program have experienced some improvement to their physical health. This was reflected in the observation of community members, one of whom said:

- People come out (from Seven Mile) looking healthy and respectable.

No records were kept by Seven Mile staff which would enable assessment of changes in the psychological and social functioning of Seven Mile clients. However, interviews conducted with three people who were clients at the time of the evaluation suggested some positive changes. The first of these clients had a lengthy discussion with the evaluation team project officer about his life and what he wanted to achieve. He said that being at Seven Mile Centre had helped him recognise his weaknesses and the early warning signs of possible relapse. He explained that the time spent at Seven Mile Centre had given him a chance to assess his current situation and to decide that he wanted to complete a course in community development and use his skills to better his community. A second client had sought treatment because he had relapsed after having maintained sobriety for approximately six months. He began to use alcohol again as a way of dealing with personal problems. It is our view that the Centre had helped him develop more constructive ways to cope with his problems and to establish new personal goals—he planned to establish a vegetable garden at Seven Mile Centre to learn more about horticulture and to minimise the costs of food to the Centre. The third client had previously been interviewed by evaluation team members nine weeks earlier in Kununurra, where he had spent a number of nights at the Sobering-up Shelter. Since being at Seven Mile he had made a number of positive changes including remaining sober for five weeks, obtaining his driver's licence and going for a job interview.

Much of the social interaction of people prior to admission to the Seven Mile Program took place in drinking groups or in situations where alcohol played a significant part. While residents at Seven Mile, the clients remained sober and often cut themselves off from their drinking groups. It was inevitable that for the first few weeks of treatment, their social interaction was limited to staff and other residents. This restricted social interaction had mixed effects. For some clients it was necessary to enable them to withstand pressures to drink, and to socialise without the use of alcohol. As they became more confident and developed the skills to control their drinking, such clients began to make regular visits to town and some spent days or weekends with relatives or friends. This social interaction and independence was important to their development. However, clients have achieved varying degrees of success with regard to remaining sober and/or returning to the rehabilitation program after weekend visits.

While the restricted social interaction was beneficial to some clients, others missed regular contact with family and friends, and intimate relationships with the opposite sex, and this was the main reason for clients not completing the program. To address this problem, program staff attempted to provide opportunities for contact with family and

friends. Such opportunity had recently been expanded, with past residents making regular visits to the Seven Mile Centre to play pool, have barbeques, and socialise with the clients. A positive consequence of this was that Seven Mile Centre was also providing a place where people from Wyndham could go to socialise without being pressured to drink.

- ***Provide an alternative lifestyle to enhance clients' quality of life.***

The Seven Mile Rehabilitation Program employed a number of strategies to address this goal. First, it provided clients with a living routine on which they could model their own lifestyle on leaving the Centre. While residing at the Centre, clients were responsible for their own actions, they were required to pay rent, and were expected to contribute to the cleaning and maintenance of the buildings and yard. The Centre had rules about respecting other residents, and required clients to participate in various activities. These rules and procedures were aimed at preparing clients for what will be expected of them when they returned to the community and helped them to become more self reliant.

An activities assistant was employed at the Centre to encourage clients to participate in a range of activities that provided an alternative to drinking and which were aimed at improving the quality of their lives. These activities included gardening, fishing and bush trips. A range of recreational facilities and resources were also provided for the clients to use—including a pool table, gym equipment, and a video and television.

Information and advice on TAFE courses was available at the Centre, and several clients were assisted in enrolling in courses of their choice. However, this support was largely dependent upon whether or not clients requested it, and it appeared that clients who were shy or who were uncertain about what they wanted to do after leaving the program often missed out. Program staff had also provided encouragement to some clients to seek and/or obtain employment. This included preparing them for job interviews and providing transport to interviews. Also, as indicated previously, Ngnowar-Aerwah itself had provided employment for some ex-clients.

Again, no data was available which would enable quantitative measurement of the impact of the Program on this objective. However, feedback from both clients and members of their families suggested that the Program had been successful in enhancing the lives of at least nine (13 per cent) clients, and their families, long after they had left the program.

- ***Assist clients in after care and integration back into the community.***

It was not possible to clearly separate the activities of the Seven Mile Program and the Community Centre Projects in the area of after-care because their objectives overlapped and they were conducted by the same staff members.

Other research has shown that employment reduces the likelihood of Aboriginal people misusing alcohol, and one of the most important contributions Seven Mile made to integration of clients back into the community was in assisting them to further their education and/or gain employment. As discussed previously, seven of nine clients who were identified as having successfully changed their drinking behaviour had gained employment with assistance of Program staff.

In addition to the promotion of educational and employment opportunities—as part of both the Seven Mile Program and Community Centre Projects—staff provided a number of other after care support services. Formal services included counselling and advocacy work, and were provided to between three and five clients per week at their own request. In addition, the counsellor and alcohol worker maintained frequent informal contact with past clients. They also provided an alcohol free meeting venue for past clients. It is important to note, however, that not all ex-clients wished to avail themselves of these services and many—particularly those who had dropped out of the Program early—had actively avoided the counsellor and alcohol worker.

While it was clear that Program staff were providing after care services and were attempting to re-integrate ex-clients back into the community, there was little systematically collected data on program outcome measures. Nevertheless, there were indications that some successes had been achieved, and in considering the extent of these, it is important to recognise that the ability of staff to successfully re-integrate ex-clients into the community was constrained by the same broad external factors that limit the effectiveness of all treatment programs.

4.4.3 Extent to Which the Objectives of the Seven Mile Rehabilitation Program Were Meeting Community Needs

As with the other Ngnowar-Aerwah projects, it was clear from the interviews we conducted with clients and community members that the objectives of the Seven Mile Rehabilitation Program reflected the needs of the community. Among the strengths of the program identified by community members were:

- positive outcomes, such as changing people's drinking behaviour, improving the health of clients, and changing the lives of the clients and their families for the better;

- the structured nature of the program and the inclusion of counselling, education and life skills training, and alternative activities; and,
- the high quality of service delivery.

Nevertheless, there were some criticisms of the extent to which the objectives were being met. The major concern here was with the high proportion of clients who did not complete the Program and/or who relapsed after returning to the community. Other concerns were that the accommodation facilities at Seven Mile did not adequately cater for families and that it was too expensive for clients to stay there. Among the suggestions they made for improving the Program were expansion of accommodation facilities at Seven Mile, provision of more follow up and after care services, and increasing the availability of recreational and work activities. In addition, a number of community representative recommended that Program staff conduct an awareness campaign that should include open days and activities that involved community people.

4.5 Factors That Impact on the Service Provision of All Ngnowar-Aerwah Services

4.5.1 Funding

Although Ngnowar-Aerwah conducted four discrete alcohol projects, three of them—the Counselling Project, the Education and Training Project, and the Seven Mile Rehabilitation Program—were jointly funded. For this reason, information about the funding of all projects has been presented in the following section.

Counselling Project, Education and Training Project, and Seven Mile Rehabilitation Program

From the initial grant provided to the WAG by the Ministry of Justice in 1995, Ngnowar-Aerwah was allocated an amount of $180 000 for infrastructure. This included funds for the purchase and renovation of the Community Centre and an adjacent building, for upgrading facilities at Seven Mile, and for employment of a manager/caretaker at Seven Mile. An additional amount of $94 850 was provided to employ an administrator, a secretary, and a counsellor, and to cover operational costs. At the same time, a community alcohol worker position was transferred from the Ministry of Justice to Ngnowar-Aerwah, and the State Purchasing Branch of the Health Department of Western Australia agreed to provide on-going funding for that position and for that of the Seven Mile manager/caretaker.

In 1996, the State Purchasing Branch of the Health Department took over almost all funding of Ngnowar-Aerwah; and, in 1997, this funding responsibility was transferred to the Health Department's Office of Aboriginal Health. At the time of the evaluation, in addition to funding from the Office of Aboriginal Health, Ngnowar-Aerwah also received $170 per week from the Ministry of Justice to supervise community service orders, $150 per week from rent of the building adjacent to the Community Centre, and $86.50 per week board from each client staying at Seven Mile.

Table 10: Ngnowar-Aerwah Profit and Loss — July 1996 to May 1997.

INCOME		
Rental collections		12 870
Grant funds		268 720
Interest received		4 424
Other grant funds		56
Other income		3 187
Total income		289 256
EXPENSES		
Accounting fees		1000
Bank Charges		556
Capital item		
Equipment	5 285	
Upgrade Community Centre	10 790	
Capital Item - Other	41 873	
Total Capital Item		57 948
Food Supplies		10 545
Gas/Electricity		4 719
General Expenses		619
Insurance - Personal Accident		264
Interest Paid		5
Materials and Supplies		6 888
Motor Vehicle Expenses		
Petrol & Fuel	12 553	
Registration & Insurance	1 581	
Service & Repairs	2 193	
Total Motor Vehicle Expenses		16 327
Payroll		
Wages		
Casual Wages	2 686	
Other Staff Payments	31 832	
Staff Wages	68 347	
Traineeship	992	
Wages-Other	16 444	
Payroll -Other	3 359	
Total Payroll & Wages		123 660
Petty Cash		381
Postage & Freight		372
Printing & Sign Writing		580
Rates & Taxes		
Shire	484	
Water	5125	
Total Rates & Taxes		5610
Rental - Office		107
Repairs & Maintenance		
Buildings	11 370	
Furniture & Fittings	273	
Office Equipment	160	
Repairs & Maintenance- Other	23 874	
Total Repairs & Maintenance		35 677
Staff Training		855
Staff Travel		914
Stamp Duty		1 089
Stationary & Office Supplies		4 135
Telephone		9 400
Travel Expenses		110
Uniforms		473
Upgrade & Purchase		1 420
Upgrade Alcohol Centre		1 160
Wreaths/Floral Tributes		127
Total Expenses		284 941
Net ordinary income		4 315
Other Income/Expenses		
Other Income		
DEET		12 485
Uncategorised		-600
Total other income		11 885
Other Expense		-601
Net Other Income		12 486
Net Income		$16 802

Table 10 provides Ngnowar-Aerwah's profit and loss statement for the period July 1996 to May 1997 for the Counselling, Education and Training Project and the Seven Mile Rehabilitation Program. As a consequence of the way in which expenditure was reported, and because separate budgets were not prepared for the projects before the current financial year, it was not possible to identify the cost of conducting each particular project. It should also be noted that Table 10 does not include the salaries of CDEP workers, which were estimated to total an additional $57 000.

Table 11: Counselling Project and Community Education and Training Project Budget—1997-98

EXPENDITURE	
Salaries	
Community Alcohol Worker	34 233
Female Counsellor	34 233
Administrator	34 233
Secretarial Support	24 103
Trainee Administrator	
Total Salaries	126 802
On Costs	17 119
Total Salary and Oncosts	143 921
Operation Costs	
Accountancy Costs	1 500
Water/Electricity	1 800
R & M Buildings	2 500
R & M Equipment	2 000
Phone/Fax/Postage	2 500
Insurance	3 500
Stationary	2 000
Consumables	1 250
Resources (books, videos)	1 500
Rates	750
Total Operation costs	19 300
Total Expenditure	$163 221

A broad indication of the cost of conducting each of the projects was provided by the budgets which were prepared for the first time for the 1997-98 financial year and which are presented in Tables 11 and 12. As can be seen in Table 11, the major component of the Counselling and Education and Training Projects was salaries which make up $143 921 (88 per cent) of the overall budget of $163 221. However, it is important to note that a component of each position funded was applied to the Patrol and/or Seven Mile

Rehabilitation Project. For example, the administrator, and secretary oversaw the operation and administration of all projects and the Community Alcohol Worker and Female Counsellor also provided counselling and education as part of the Seven Mile Rehabilitation Program. Also some items such as insurance, fax/postage and accountancy included costs for the Seven Mile Program. As a consequence, the budget over-estimated the actual cost of conducting the Counselling and Education and Training Projects.

A modified 1997-98 budget for the Seven Mile Rehabilitation Program is presented in Table 12. In the original budget prepared by Ngnowar-Aerwah the salary budget included only the cost of topping up CDEP wages. However, to provide a more realistic estimate of project costs, we have added in the CDEP wage component. Again, however, it must be noted that the cleaner and gardener spent half their time working at the Community Centre. Furthermore, the budget did not include that component of the time spent on Seven Mile by the administrator, secretary, counsellor, and community alcohol worker who were paid from the Counselling and Education and Training Projects. Also, as mentioned earlier, insurance, stationary, and rates costs for the Seven Mile Program were paid out of the Counselling and Education and Training Projects. Thus, the budget total of $125 596 underestimated the actual cost of conducting the Seven Mile Program.

Table 12: Seven Mile Rehabilitation Program Budget — 1997-98

EXPENDITURE	
Salaries and Oncosts	
Caretaker -daytime	9 516
Caretaker -weekends	16 796
Activities -assistant	18 836
Gardener	14 716
Cleaner	9 516
Cook	9 516
	78 896
Operating Costs	
Food	22 500
Power	2 000
Phone	700
RAM Building	1 000
R &M Vehicles	8 000
Fuel	8 000
R &M Equipment	2 000
Water	2 500
	46 700
TOTAL EXPENDITURE	$125 596

On the basis of the 1996-97 profit and loss statement and the 1997-98 budgets presented above, it was not possible to accurately apportion costs between the Counselling and Education and Training Projects and Seven Mile Rehabilitation Program. As a consequence, neither was it possible to estimate the cost per client in each.

Ngnowar-Aerwah Wyndham Patrol

The Patrol was funded by grants from the Western Australian Aboriginal Affairs Department (AAD) and by CDEP wages for all Patrol staff. Ngnowar-Aerwah received its initial grant for the Patrol from AAD in April 1996, but it was not until October 1996 that the project actually commenced. A statement of Patrol income and expenditure for the period October 1996 to August 1997 is presented in Table 13. In that period a total of $59 585 was expended. The wages component of the expenditure included only 'top-up' wages—not the CDEP wage component. Equipment purchased included $15000 for a bus and $3908 for radios and miscellaneous expenditure included the cost of uniforms, training, et cetera.

Table 13: Ngnowar-Aerwah Wyndham Patrol statement of income and expenditure — October 1996 to August 1997

	ACTUAL
INCOME	
AAD Grants	
Brought forward from 2nd April 1996	40 000
11th April 1997	50 000
Interest July 1996- June 1997	931
Interest July 1997 - August 1997	172
Total	$91 103
EXPENDITURE	
Wages	20 678
Equipment	21 164
Miscellaneous	17 743
Total	$59 585
Unexpended	$31 518

Ngnowar-Aerwah experienced some financial difficulties because of delays in the receipt of grant funds for the Patrol. The 1997-98 grant was not received until October 1997. This necessitated Ngnowar-Aerwah using funds allocated to the organisation for other purposes and reimbursing them at a later date.

The grant for the Patrol was provided to Ngnowar Aerwah by AAD as a one-line funding allocation. While AAD required that Ngnowar-Aerwah account for the expenditure of these funds, it did not require the submission of a projected budget prior to the allocation of funds. While this provided the organisation with some flexibility, the absence of a planned budget requires that expenditure be carefully monitored by the Ngnowar-Aerwah administrator to ensure that funds are allocated evenly over the financial year. While this had been done successfully up until the time of the evaluation, we recommend that, in the future, detailed annual budgets for the project be prepared.

General

Based on the information provided to the review team, it was clear that the Ngnowar-Aerwah projects were operating within their funding allocations. However, it should not be assumed that Ngnowar-Aerwah—or similar organisations—can continue to provide current levels of service at such a relatively small cost. The reality was that the Ngnowar-Aerwah projects were not adequately resourced. Among other problems:

- the female counsellor and the alcohol worker were stretched to the limit and did not have sufficient time to undertake all of their allocated duties;
- insufficient resources are available to develop the library component of the Education and Training Project;
- turnover of patrol staff members was high because there was insufficient financial incentive for them to continue working in such a stressful role; and,
- the accommodation facilities at Seven Mile were not always sufficient to meet demand.

The Ngnowar-Aerwah committee and administration had been resourceful in generating additional funds and resources over and above the core funding grants from the Office of Aboriginal Health and AAD. Among initiatives in this area were:

- employment of CDEP workers;
- investment in the purchase of a building for which they received on-going rental payments;
- utilisation of the time of people serving community service orders to assist in developing the property at Seven Mile; and,
- establishment of an effective system for receiving board payments from clients at Seven Mile.

These initiatives, and the time that community members and clients had voluntarily provided, enabled Ngnowar Aerwah to provide a level of service that would not have otherwise been possible. The review team believes that the organisation should be

commended for this. Nevertheless, there is clearly a need for the provision of additional financial resources for the projects.

As indicated previously, Ngnowar-Aerwah's financial statements were not prepared in a manner that enabled costs to be accurately apportioned to each of the projects. Furthermore, until the 1997-98 financial year, separate budgets had not been prepared for the projects. While Ngnowar-Aerwah was taking steps to address this problem, the budgets that had been prepared suffered from some of the limitations of the financial statements. A review of the minutes of management committee meetings indicated that Ngnowar-Aerwah had established and maintained an administrative system that had enabled the committee to monitor *overall* levels of expenditure and to keep them within funding allocations. A representative from the WAG had also attended the committee meetings and has been available to provide advice on financial matters. However, as it is presently structured, the financial accounting and management system did not enable accurate planning, and monitoring of amounts expended on different components of each of the projects. We recommend therefore that a budgetary and financial accounting system be developed that enables costs to be apportioned to cost centres for each project. We also recommend that the administrative officer be provided with the necessary training and on-going support to facilitate this.

4.5.2 Project Administration

In the introduction of this chapter we outlined the cooperative relationship between the WAG and Ngnowar-Aerwah. It is our view that this holistic approach to community service was the key to the success of Wyndham community in meeting their various local needs. In turn, this has made a significant contribution to the success of Ngnowar-Aerwah. The support provided by WAG has assisted Ngnowar-Aerwah to develop an integrated set of projects and the policies and procedures, managerial and administrative structures, and the committee and staff skills to implement them.

4.6 Discussion

Ngnowar-Aerwah Aboriginal Corporation has developed a range of integrated and complementary alcohol misuse treatment and prevention projects. The process component of this evaluation indicates that the staff were undertaking the work that the projects were established to do. With one exception, the projects were meeting community needs and there is general community satisfaction with the work that was being done. However, with regard to many areas—such as community education and the provision of activities which provide an alternative to alcohol consumption—there was a

call from both clients and community representatives for intensification of this work. As part of this, resources should be sought to establish a community centre in which alternative social activities can be held. Some clients and community representatives also suggested, and we agree, that more should be done to publicise the services that Ngnowar-Aerwah provides and their achievements. The one area in which the projects were not meeting community needs was that of service provision for young people; and community members and representatives of other service agencies were all extremely vocal in suggesting that Ngnowar-Aerwah develop such services. However, if additional services for young people are to be offered, we recommend that Ngnowar-Aerwah conduct a survey to determine the specific needs of young Aboriginal people in Wyndham.

Although Ngnowar-Aerwah staff were providing a broad array of services, it is clear that the organisation is understaffed for the workload objectives that have been established. If current workload objectives are to be adequately performed, at least one other trained counsellor or community alcohol worker is needed to assist with the Education and Training Project and the Seven Mile Rehabilitation Program; and there is a need for additional resources to stem the high turnover rate of Patrol staff. It is our view that additional work could not be adequately undertaken at existing resource levels.

Ngnowar-Aerwah's projects were generally well-managed. However, it is our view that financial management and monitoring of the projects could be enhanced if the accounting system is modified so that discrete cost centres are established for each project.

From the data provided by the police and the Western Australian Drug Abuse Strategy Office, it is clear that the Patrol has been successful in reducing the number of intoxicated Aboriginal people detained by the police. However, there was little quantitative data available, relating to the Patrol or the other projects, which provide unambiguous indicators of successful outcomes; and we recommend that assistance be provided to Ngnowar-Aerwah to establish on-going monitoring systems which could provide such data. Nevertheless, some qualitative data suggested that each of the projects has had moderate success in achieving their respective objectives. It is our view that these outcomes could be enhanced if Ngnowar-Aerwah establishes a sobering-up shelter, and if it can obtain the additional resource necessary to strengthen current project activities.

4.7 Recommendations

Based on the results of our evaluation, we make the following recommendations as a means of strengthening Ngnowar-Aerwah's alcohol projects.

4.7.1 All Projects

- Assistance should be provided to Ngnowar-Aerwah to establish on-going monitoring systems which would better enable assessment of project outcomes.

- Ngnowar-Aerwah's accounting system should be modified so that discrete cost centres are established for each project. The administration officer should be trained in how to operate this new system.

- Ngnowar-Aerwah should more actively advertise and promote its services.

4.7.2 Community Centre (Counselling) Project

- Staff should develop a more structured after-care program for clients discharged from the Seven Mile Rehabilitation Centre.

- The Centre should be opened at least once a week as a drop-in centre.

- Staff should work with other service providers and community volunteers to organise social activities which provide alternatives to drinking.

- Resources should be sought to establish a community centre in which alternative social activities can be provided.

- A young people's intervention project should be developed—preceded by a survey to identify the specific needs of young Aboriginal people in Wyndham.

4.7.3 Community Education and Training Project

- Resources should be sought to employ a community education officer to assist existing staff to provide services.

4.7.4 Ngnowar-Aerwah Wyndham Patrol

- The Ngnowar-Aerwah Committee should approve all changes to policy and protocol.

- The Patrol coordinator should be available at the Patrol Office between 8:30 am and 4:30 pm two to three times per week.

- The Patrol Coordinator should continue to provide supervision of, and training for, the Patrol Leader in use of the computer and the entry of statistical data.

- Resources should be sought to provide patrollers with additional financial incentives to help overcome problems of staff turnover and shortages.

- Patrol staff should educate clients and community members about the reasons for recording client names.

- A Sobering-up Shelter should be established in Wyndham.

4.7.5 Seven Mile Rehabilitation Project

- Additional alternative activities should be offered to clients at Seven Mile.

- Formal counselling should be held with each client to discuss their personal goals and ways that staff can assist them in achieving these goals.

- Resources should be sought to expand residential facilities at Seven Mile.

5.0 WORKING RELATIONSHIPS and GEOGRAPHICAL SERVICE BOUNDARIES

5.1 Inter-agency Relationships

It appears that Ngnowar-Aerwah and Waringarri did not work with each other to any significant degree and networking was limited. Staff were surveyed about this issue and it was found that the only examples of inter-agency coordination—which were minimal in their frequency and scope—were:

- referrals of clients to other centres;
- transport of clients or family members to other centres;
- occasional visits between staff to observe the operation of other programs; and,
- planning workshops for a regional anger management project.

This interaction usually resulted from necessity, such as when seasonal factors meant that it was impossible to refer clients to Marralam, and it was rarely a pro-active effort undertaken in the spirit of increased cooperation.

Some staff thought that the interaction between Ngnowar-Aerwah and Waringarri was adequate, and that it was more important to strengthen the coordination among their own services than to consolidate inter-agency relationships. They felt that they 'should be working more with (their own) counsellors to develop in-house skills specific to their own programs and promote existing referral procedures'. Others felt that stronger networks with other agencies would enhance their own services and result in better outcomes for clients. These staff felt they 'should have regular meetings and develop a better working relationship … because we are for the same cause and so we can share ideas'.

In general, the staff of all Ngnowar-Aerwah and Waringarri alcohol projects were interested in meeting regularly with each other to share ideas, discuss the work they were doing, and establish support networks for themselves and their clients. Staff made comments such as, '(We should) make visits to their services and invite them to our services and share program activities', and, '(We should hold) regular meetings to discuss clients, and share information and ideas'. They felt the meetings would help to increase coordination and discussion between the services, the benefits of which would include:

- promoting better after-care, particularly for clients who come from a geographical area located closer to another service;

- providing opportunities for de-briefing, which is essential for the counsellors to maintain their own mental well-being;
- encouraging the utilisation of existing services and resources where applicable;
- increasing awareness of the services available so that counsellors assessing clients can make better informed decisions regarding their treatment options;
- promoting the development of joint interventions and training; and
- assisting with project development and therefore minimising duplication of services.

One staff member suggested that the agencies should arrange a job exchange system in which employees exchanged jobs for a week with someone who has a similar position. They believed this would be a good way to share ideas, but more importantly, to assess if the strategies used by other agencies would work in their own projects. This recommendation was put to a number of other staff all of who thought the concept was good. However, there was some disagreement as to how long the exchange should be.

Based on the responses of the staff it would appear that Ngnowar-Aerwah and Waringarri should not attempt to work together to conduct projects, but the networks between them should be consolidated. Regular planning meetings should be held where staff can debrief, share ideas, and discuss the treatment of mutual clients. If these meetings were held over a two day period, there would also be an opportunity to provide some cost-effective staff development, such as training in new counselling techniques or financial management skills.

In addition to inter-agency relationships between Ngnowar-Aerwah and Waringarri, the review team also examined the way the two coordinated with other services in their respective towns. A more detailed discussion of this is contained in the 'other management issues' section of the *Factors affecting the service delivery of all Waringarri Services*. In brief, Ngnowar-Aerwah enjoyed more interaction with other service agencies because of their more effective management system. The Wyndham Action Group acted as a point of contact between the alcohol projects, government bodies and community groups, and this structure promoted a stronger relationship. In contrast, the Waringarri management committees had a much weaker role in dealing with other organisations and with its own alcohol program. Except for recent involvement with the Kununurra Accord, there was little communication or cooperation between Waringarri and other service agencies in the town.

5.2 Geographical Service Boundaries

One of the objectives of the evaluation was to examine the scope of the Waringarri and Ngnowar-Aerwah projects in terms of their geographical boundaries and working relationships. The East Kimberley is the most north-eastern part of Western Australia and has three main towns, being Halls Creek, Wyndham and Kununurra. Kununurra is located approximately 50 kilometres from the Northern Territory border and has a population of over 6650, with Aboriginal people making up 14 per cent of the population. Wyndham is located 100 km north-west of Kununurra and has a population of 2416, half of whom are Aboriginal. Halls Creek is situated 360 km south of both Kununurra and Wyndham and has a population of 3000, just over half of whom are Aboriginal. Throughout the East Kimberley there are approximately 40 Aboriginal communities and out-stations which are mainly clustered around these three towns.

Figure 5: Map of the East Kimberley region

All three towns had alcohol and drug services as part of their infrastructure; Kununurra has the Waringarri Alcohol project, Wyndham has Ngnowar-Aerwah, and Halls Creek has the Alcohol Education and Counselling Centre. The services of the latter organisation include non-residential and community based counselling and education, the Halls Creek People's Church Sobering-up Shelter, and Kija' Jaru Patrol. In addition to the services provided in these three main towns, there is another alcohol and drug

service located at Warren Aboriginal community. Warmun—also known as Turkey Creek—is located on the road half way between Halls Creek and Kununurra and has a population of 290. The Josephite Sisters manage a catholic institution there, the Mirrilingki Spirituality Centre, which offers alcohol education, counselling and an annual four week intensive residential rehabilitation program as part of its broader activities.

As explained previously, Ngnowar-Aerwah and Waringarri have established comprehensive alcohol and drug services in response to local community needs. It is apparent, however, that the services were also meeting the needs of people from other towns, Aboriginal communities, ATSIC regions, and states. Most of the clients who attended Marralam and Seven Mile came from the same towns, including Kununurra, Halls Creek, Wyndham, Alice Springs, and Katherine, and surrounding communities such as Warmun and Oombulgurri.

This distribution of clients suggests that people based their decision on which service to use upon factors other than geographical proximity. A survey was conducted among clients to assess their reasons for choosing a particular service and it was found that clients often chose to attend a treatment centre because of:

- vacancies being available;
- seasonal factors that limited access to services;
- cost of treatment;
- overall setting and atmosphere at the centre; and
- treatment philosophy, structure of the program, and activities.

The structure of the program and the activities was given as the greatest consideration when seeking referral to treatment. This was particularly true of clients who only wanted a break from alcohol, rather than 'treatment' per se. This group of clients preferred the less structured atmosphere at Marralam as they were not required to participate in education and counselling activities. Younger people and those referred by the courts, on the other hand, were more suited to the structured education and counselling based programs offered at Ngnowar-Aerwah. Few clients stated that they chose to be referred to a rehabilitation centre on the basis of its geographical location. Therefore, it is important that treatment centres are not forced to make decisions about client admissions on the basis of their geographical boundaries.

6.0 CONCLUSION

Waringarri and Ngnowar-Aerwah have established two of the most comprehensive alcohol services in the State. Both organisations possessed qualities that promoted effective service delivery and program outcomes, and both had areas which could be improved. The main difference between Waringarri and Ngnowar-Aerwah was in regard to their support structures. It appears that the Wyndham Action Group (WAG) provided considerable support and assistance to the Ngnowar-Aerwah management committee, and as a result, their alcohol services ran smoothly. Waringarri, on the other hand, did not have a similar support structure and as a consequence its alcohol projects were less efficient and lacked overall coordination.

The committee and staff members of both Waringarri and Ngnowar-Aerwah were able to identify the strengths and weaknesses of their projects, and both suggested strategies for improving their services. Ngnowar-Aerwah was evaluated in 1991 and again 1995, and the committee and staff implemented the majority of recommendations arising from those evaluations. Waringarri's alcohol project have never been formally evaluated, yet problems have been raised at staff meetings and recommendations have been put forth on numerous occasions. Unfortunately, little or no action has been taken to date in regards to those recommendations.

The review team believes that one of the main reasons why Waringarri has not taken action to remedy the problems is that staff lack the skills and support necessary for devising and executing suitable action plans. Ngnowar-Aerwah, on the other hand, has always been supported and advised by the WAG, and over time, staff of the alcohol projects have developed skills in identifying, remedying, and avoiding problems themselves. Although Ngnowar-Aerwah now enjoys a high degree of independence, the WAG administrator continues to support Ngnowar-Aerwah staff by being actively involved in meetings and offering advice on training and service delivery. The end result is that Ngnowar-Aerwah's alcohol projects operated within their budgets and were conducted within a sound, well-planned strategic framework.

Given the difficulties that Waringarri's alcohol projects have been experiencing, a support group, similar in function to the WAG, should be created for Waringarri. The most practical solution would be for representatives of the funding bodies to form a group to help Waringarri to implement the recommendations of this evaluation. The group would need to provide training, guidance in developing a plan to implement the recommendations, and assistance with writing realistic time frames for the changes.

If such a group was to be created, it should undertake to assist Waringarri for 12 months and then evaluate the progress. The review team envisages that the level of support required during the initial period will be rather intensive, but the group should be able to assume a monitoring role after the first year. At all times, the support should be structured with the goal of Waringarri becoming as self-sufficient as possible.

Members of the Kununurra Aboriginal community support the continuation of Waringarri, but they want to see it function more effectively. The infrastructure exists and the potential is there for the provision of an excellent service, however, there needs to be significant external support until the workforce is well trained, action plans are implemented and management problems are rectified. Although this may sound like a costly proposal, it will allow a valued community service to continue and will reduce future expenditure on poorly planned and executed projects.

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