



**COUNCIL FOR ABORIGINAL ALCOHOL PROGRAM  
SERVICES INC.**

**CAAPS IN 2012**





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Aboriginal and Torres Strait Islander persons are warned that some images contained in this report may offend. CAAPS has carefully selected the photos included in this publication and taken all reasonable measures to ensure that the report does not contain photos of those deceased. We thank you for your understanding with this sensitive matter.





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Working with clients and seeing the improvements of their circumstances has been a real positive considering we work with some of the most disadvantaged people in the Australia. The most enjoyable thing would be to see the vast improvements in children coming into our program with their education and relationships with families.

**Jessica Mullins, Healthy Families**

## THE CHAIRPERSON



The CAAPS Board recognises that building an effective organisation is not easy. It is a continuing process that needs good governance, sustained effort and good advice.

The Board is growing in experience and governing CAAPS effectively. It is hard-working and in for the long haul. And it gets sound advice on three levels: financial management, strategic planning and AOD policy.

The Board has this year developed a new Business and Strategic Plan to guide us through the year and beyond. This offers a clear direction to CAAPS staff in developing the CAAPS Action Plan, which is about the day-to-day business of managing and delivering our programs. Importantly, it sets clear strategic objectives for us.

The CAAPS Board must look for the most effective legal and business structures that will make the CAAPS Vision and Mission a reality. It must direct the kind of networking we need to complement our operations and make them more cost-effective. It must promote the CAAPS approach to building stronger links and more effective service to our clients in remote communities. And it has to take a lead role in spreading the word about the dangers of misusing alcohol and other drugs.

These objectives are what it takes to make CAAPS more effective and I know we can do it. We have the support of our funding bodies, our independent advisers and our staff, and, on behalf of the Board, I would like to give them our deepest thanks.

With their help, CAAPS will keep making a difference.

Dean Chisholm

**"And some seeds fell in good soil; the plants grew and bore grain, one hundred grains each." (Luke 8:8)**





## WHO WE ARE

CAAPS is a community-based substance misuse service that supports Aboriginal and Torres Strait Islander families who are experiencing alcohol and other drug (AOD) issues.

CAAPS has a majority Indigenous Board; and a 70 per cent Indigenous staff body. CAAPS has been operating for more than 25 years with the support of the Northern Territory's remote communities and, importantly, the Territory's Catholic, Anglican and Uniting Churches.

With funding from the Office of Aboriginal and Torres Strait Islander Health's Substance Use Program CAAPS provides:

- a residential rehabilitation service, the Healthy Families program, offering 38 places for a family-focused 12 week program
- an outreach service to the Darwin Palmerston region
- a Volatile Substance Abuse service with eight beds for clients for up to 16 weeks

We have been successful in gaining funding from other sources to complement these programs.

CAAPS also provides supported accommodation in the Dolly Garinyi Hostel for all CAAPS Healthy Families Program clients. As a Registered Training Organisation, we offer nationally accredited training on-campus and in remote communities in Community Services and non-accredited courses, such as Life Skills and Work preparation to our rehabilitation clients.





## OUR VISION

It is the vision of CAAPS to provide excellence in service delivery in the area of substance misuse. A central focus will be to provide families and individuals with appropriate educational materials and accredited training directed at explaining the dangers associated with substance misuse.

To this end partnerships will be strengthened with educational institutions.

CAAPS envisions an organisation with support facilities based in communities. It is imperative that we remain sensitive and aware of the needs of our partners and clients. It is also essential that we communicate these needs to the public and that we contribute to government policy



## Our Mission

CAAPS is an Aboriginal and Torres Strait Islander community controlled organisation whose mission is to provide effective and efficient assistance to Indigenous Australians to overcome problems caused by substance misuse.





## OUR PHILOSOPHY

The uniqueness of Aboriginal culture must be taken into account.

People have the right and should be encouraged to express themselves in their own language.

Everyone, no matter what culture, can experience personal and interpersonal problems through substance misuse.

Substance misuse is a major factor in the breakdown of family, and if the substance misuse is not worked on simultaneously with the other problems, then nothing constructive is achieved.

We believe that the person with the problem is the last to come to know how bad things are and the least likely to want to change. The people most wanting change are often family and community members. Our approach is to take the focus away from the person with the problem.

Everyone has the capacity to change and realise greater potential in their lives. The choice of change is not possible without an awareness of other opportunities.

The greater the crisis in anyone's lifestyle, the greater the possibility for change, given the understanding of how to change.







## OUR PRINCIPLES

CAAPS recognises that alcohol and other drug misuse can be treated more effectively by involving the whole family. Family members experience health, emotional and spiritual harm as a result of a family member's use of alcohol or other drugs. They will be more motivated and responsive to making changes in their lives than the person using the substance and they need to be supported and empowered.

CAAPS has a long-term commitment to Aboriginal communities in the Top End of the Northern Territory. We recognise the diversity and uniqueness of those communities and we respond to their needs through differing models of intervention, including workshops, training, case management, individual and family counselling.

CAAPS recognises communities are serviced by a wide range of agencies often working in isolation of each other. If these agencies work closely together, they will be less of a burden on communities and will be able to operate more effectively. We place a high priority on networking with allied service agencies (like NT Departments of Health, Justice and Correctional Services, North Australian Aboriginal Justice Agency, Centrelink) to create better relationships and more effective services.

CAAPS works with people who are misusing alcohol or other drugs in a holistic way within the guidelines of harm minimisation.





## OUR GOVERNANCE

CAAPS is governed by an elected Board composed of up to:

- Three CAAPS members from the Catholic Church Diocese of Darwin. This must include an Aboriginal people man and an Aboriginal woman.
- Three CAAPS members from the Anglican Diocese of the Northern Territory. This must include an Aboriginal people man and an Aboriginal woman.
- Three CAAPS members from the Uniting Aboriginal and Islander Christian Congress. This must include an Aboriginal man and an Aboriginal woman.
- Appointed members

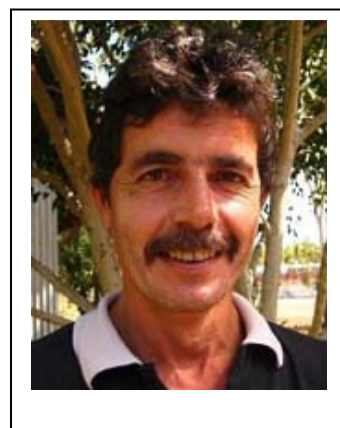
Membership of CAAPS is open to Aboriginal and Torres Strait Islander people who live in the Northern Territory, who are accepted by their family and community as maintaining a culturally responsible and sober lifestyle and who agree with our policies, procedures and work practices. NT residents who are not Aboriginal people or Torres Strait Islanders may also be members under the above conditions and provided that they are accepted by Aboriginal or Torres Strait Islander people as sensitive to and supportive of their cultural identity. Applications for membership should be submitted in writing to the Board. The Board has the discretion to grant or refuse membership.



Dean Chisholm, Chair  
March-June 2012  
An AOD worker with  
St Vincent de Paul



Frank Ah Mat  
Deputy Chair  
Well-known in Darwin  
Sporting circles



Glenn Miller, Chair  
July 2011-March 2012  
Corporate Services  
Manager, NAAJA





## 2011/2012 BOARD



Claudia Kantilla  
Bathurst Island



David Mirrawana  
Maningrida



Keith Mamarika  
Groote Eylandt



Djawut Gondarra  
Galiwin'ku



Dr Sue Stanton  
Darwin



Eddie Mulholland  
Miwatj



Fr Dan Benedetti

## Board Advisers



Professor Don Fuller



Professor Ted Wilkes



Professor Dennis Gray



## CAAPS AND FRIENDS









## CAAPS MILESTONES

1984

CAAPS formed as joint initiative of the Uniting, Catholic and Anglican Churches

1985

Moves to the Gordon Symonds Hostel in Winnellie

1986

Introduces residential rehabilitation at Gordon Symonds

Starts Outreach program at Maningrida

Liaison with Alcohol Awareness and Family Outreach, Nguiu

1987

Liaison with program at Daly River (Naiyu Nambiyu)

1988

Residential rehabilitation program moves to Knuckey's Lagoon

1989

Starts Introduction to the Prevention and Treatment of Substance Misuse (IPTSM) training

1990

CAAPS incorporated 9th March

Community-based Program Team (CBPT) established to support residential rehabilitation

1991

Barbara Nasir appointed as CAAPS' first Indigenous Director

Rehab and CBPT merge to form Healthy Families

1993

CAAPS Admin relocated from Winnellie to Knuckey's Lagoon

1994

Hostel relocated to present site at Berrimah

1995

All departments relocated to Berrimah campus





## CAAPS MILESTONES

1996

Hostel relocated to present site at Berrimah

1997

All departments relocated to Berrimah campus

2000

CAAPS supports Kakadu Night Patrol

2001

All hostel bedrooms air-conditioned

CAAPS wins Certificate of Recognition in NT Employer of the Year category at NT Vocational Training Awards

2002

Kim Gates appointed as CAAPS' 2nd Indigenous CEO

2003

All hostel bedrooms have ensuite toilets and showers

2004

Culture Course introduced under Ellen Gapany and Shirley Brown

2005

CAAPS Training introduces Certificate III courses

2006

Health Minister Hon Tony Abbott MHR opens Youth Wellbeing Program at Berrimah

2008

Hon Delia Lawrie MLA opens Volatile Substance Abuse building

2009

Matthew Bonson appointed CAAPS's 3rd Indigenous CEO

2011

CAAPS Silver Jubilee - Our First 25 Years

CAAPS wins NT Training Organisation of the Year at NT Training Awards

2012

Board advisers for strategic planning and policy join Board Advocate in advising CAAS Board

CAAPS completes Youth Wellbeing Program



## ORGANISATIONAL CHART

### CAAPS BOARD AND COUNCIL

Board Advisers:  
Advocate,  
Strategic  
Planning and  
Policy

### CEO

#### Clinical Manager

#### Hostel Manager

#### Training Services Manager

#### Financial Controller

#### Healthy Families Program

Clinical Nurse

Outreach  
Workers

Family Counsellors

Children's Worker

Alcohol and Other Drugs  
(AOD) Support Workers

Youth Support (VSA  
Program)

Administration Support

Client Transport Officer

#### Dolly Garinyi Hostel

Assistant Hostel  
Manager

Admin Support Officer

Domestic Advisors

#### Training Department

Curriculum  
Development Advisor

Community Services  
Trainers

Admin Support

#### Administration

Accounts Assistant

Human Resources  
Officer

Receptionist/Admin  
Support







## THE CEO

Like other Aboriginal community-controlled organisations, CAAPS faces every day of its life the challenge of doing more than simply staying afloat in a complex environment.

This involves maintaining our credibility as an accountable and effective organisation.

We accept that we have to develop and maintaining high standards of governance. Our Board is trained in governance and supported by independent advice from a Board Advocate, who interrogates our financial affairs for the Board.

We accept that we need vision and direction, so our Board also has the benefit of high-level advice on strategic planning and on AOD policy.

To maintain our effectiveness, we have embedded continuous improvement processes in our operations.

Where managers set targets and regularly record all improvement activities, we have a useful tool to build a more efficient and effective organisation. Our financial practices have improved with the support of the Board Advocate and others.

CAAPS is also seeing the reporting requirements of the funding bodies as an opportunity to enhance our planning processes because they focus our thinking on the levels of service we need to achieve

We are continuing to build a more skilled staff through targeted recruitment, a rigorous assessment of our skills base and in-house training to build the right mix of skills.

We have a strong management team and committed staff in all Departments.

CAAPS has acquitted itself well over its handling of the Youth Wellbeing Program

The concept of having a Clinical Manager to lead and develop staff in our Healthy Families and other AOD programs, which we began last year, is continuing to prove to be successful.



## THE CEO

Our Dolly Garinyi Hostel team is providing a high level of service and its staff play an often unrecognised role in building people's personal skills away from the coalface activities of the treatment program.

This year we have also upgraded our IT capacity to take on MIMOSA, which allows us to report our activities for the National Minimum Dataset; in Training we now input our data direct to AVETMIS and VETRAK

In some respects, we are only as good as our ability to meet the criteria for new funding opportunities. Late in the 2011-12 financial year, we were successful in gaining funds to recruit an after hours coordinator and a health promotion officer, both of which will improve the scope of our service in the coming year. We will continue to seek avenues of funding from government under new and more flexible funding arrangements and we will also look to the private sector and philanthropic organisations to support us in our important work.

Another important job for CAAPS is to make our contribution to policy on Indigenous substance abuse. Late last year I was appointed to the National Indigenous Drug and Alcohol Committee, which has put CAAPS' thinking on these important issues to the forefront of the national policy stage.

‘Like other Aboriginal community-controlled organisations, CAAPS faces every day of its life the challenge of doing more than simply staying afloat in a complex environment.

This involves maintaining our credibility as an accountable and effective organisation.’

**Matthew Bonson, CEO**





## HEALTHY FAMILIES

The Healthy Families Program is based on two simple ideas:

- that substance misuse can be more effectively treated if the whole family is involved in a holistic approach; and
- people who are trying to get over their substance use need a safe place to live, learn and grow.

The program can take up to 36 people for a 12 weeks course. Following an assessment of their suitability to the program, clients get a full health check on entry through Danila Dilba Aboriginal Medical Service. An Alcohol and Other Drugs (AOD) support worker will help them set their own goals for dealing with alcohol or drug use, for continued abstinence, relapse management and recovery. Importantly, they also will get early help to sort through the day-to-day issues which can build up and appear overwhelming, like getting proper identification (ID) and sorting out housing, money, clothing and even schooling for children.

AOD support workers will work with clients in one-on-one sessions, but there are also group sessions on substance (alcohol, other drugs and solvents) issues, gambling, relationships and family violence. The program also explores the history of Aboriginal and Torres Strait Islander peoples before and after contact with Europeans and encourages clients to think about culture and its role today.

Clients can take life skills and work preparation courses at Certificate I, II and III levels with our Training Department. And attend Alcoholics Anonymous meetings for additional support and exploration of their issues with substance use. Transport is also available for people who want to attend religious worship.

### Parenting Program and VSA

There is a Parenting Program which runs parallel with Healthy Families, involving one-on-one and family conferencing, parenting and living skills, and follow-up. A Children's Program aims to help children understand how they can stay safe when people around them are drinking and taking drugs. A Volatile Substances program is also available for up to six unaccompanied minors at a time.



## HEALTHY FAMILIES

### Clinical Nurse

The nurse does the basic work of helping people maintain general health and wellbeing. But an equally important part of the work is empowering clients to deal with their own health. As an example, the nurse is developing appropriate resources to help people understand that regular timing for taking medication is important for building and maintaining its therapeutic levels. Many clients entering CAAPS are diagnosed with diabetes and need information and support so they can manage the disease. This will in turn help them manage their recovery from addiction.

### Outreach

CAAPS has this year begun an outreach service offering advocacy and support to the 29 small camps in the Darwin-Palmerston region and hopes to expand the service to the communities at Palmerston Indigenous Village, Minmarama Park, Kulaluk and One Mile Dam. It can help people get proper identification or help them make out housing applications and refer them to appropriate support for housing. The team can carry out AOD assessments and offer information, advice and, if required, referral to a suitable agency. It will set up living skills and personal development courses and help people plan for education, training and jobs.







I have been at CAAPS for nearly 3 years and I still enjoy the clients and watching the cha

from when

## HEALTHY FAMILIES PEOPLE



The flexible working conditions and the encouragement and support to develop professionally as an AOD worker makes it easier to remain in paid employment as a working mother.

Elizabeth Stubbs

There's no shame, no failure, no wrong and no right here. Healthy Families is firstly about dealing with **what is**. It's about change. Change is fearful and we want this place to be safe for people who are vulnerable. They're up against the odds and it's a privilege to work with them.'

Súin Ni Chrochuir  
Clinical Supervisor/ Program  
Manager





## TRAINING

The CAAPS Training Department has continued to offer community development course in life and work skills at Certificate I, II and III levels to clients of the Healthy Families Program. Much of its work has moved beyond our Berrimah campus and into partnerships with other agencies. We hope to continue to build on this successful stage in our development.

In consultation with the Department of Families and Communities, Housing and Indigenous Affairs (FaHCSIA) CAAPS refocused the Youth Wellbeing Program and identified these four communities as pilots for action:

- the Darwin, Palmerston and Litchfield Town Camps
- the Roper Gulf Shire
- Galiwin'ku and
- Maningrida.

This has involved CAAPS in collaborations with Roper Gulf Shire, Kalano Community, Malabam Health Board Maningrida, Larrakia Nation, Mission Australia and the Families as First Teachers Program.

Trainer Timmy Duggan has joined the program and 'Hoops for Health' has become a significant factor in engaging young people in Darwin, Palmerston, Katherine, Barunga and Maningrida and passing on positive life skills.







## TRAINING

CAAPS also provided Introduction to the Prevention and Treatment of Substance Misuse (IPTSM) courses to boarding students at Kormilda College and to young Alcohol and Other Drugs/Volatile Substance Abuse clients at the CAAPS campus. CAAPS also conducted IPTSM sessions in Binjari, in the Katherine Region and at Yirrkala and Yilpara in NE Arnhem Land.

As part of CAAPS' IT upgrade process, the Training Department now has access to the AVETMIS and Vetrak software, which allows for more efficient recording of data.



Roper Gulf Shire youth workers celebrate gaining their Certificate III in Community Development through CAAPS Youth Wellbeing Program.



## DOLLY GARINYI HOSTEL

CAAPS can accommodate up to 36 people at a time at the Dolly Garinyi Hostel in single, double and family units. Clients pay rent and for their own food and new software is helping staff and clients keep track of charges. With the support of the domestic advisers, clients do their own cooking, washing and cleaning. The grounds, which have a children's play area and a shaded common area, are kept in good condition by trustees from Berrimah Jail. CAAPS clients are doing their bit for the grounds - and their diets - by growing vegetables and fruit, like lemongrass, pineapples and chilis.

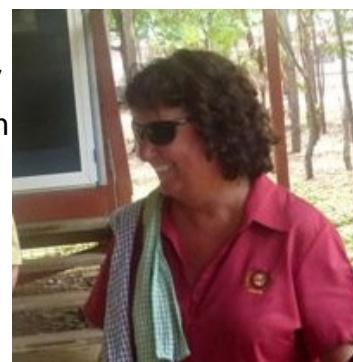


After 20 years of working at CAAPS, I still enjoy meeting and getting to know all the different clients from all parts of the Northern Territory. Some of them become close enough to me that they feel they have someone else to talk to about their problems.

Auntie Noeline Briston

I have been at CAAPS for nearly 3 years and I still enjoy the clients and watching the change in them from when they first arrived. I love the challenge of helping them with their finances, centre link and generally making them feel comfortable in their rooms by making sure everything is working well.

Kim Ellis







## FINANCE

CAAPS Board thanks for their continued support throughout 2011/2012:

- Office for Aboriginal and Torres Strait Islander Health (OATSIH)
- Department of Health and Ageing (DoHA)
- NT Department of Health and Family Services (DH)
- NT Department of Children and Families (DCF)
- Aboriginal Hostels Limited (AHL)
- Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)
- Commonwealth Department of Education, Employment and Workplace Relations (DEEWR)
- NT Department of Education and Training (DET)
- NT Department of Justice (DOJ)

Over the past 12 months CAAPS has continued to improve its financial practices and overall compliances in an environment where funds continue to be limited. Like all NGOs, CAAPS is very much aware that existing funding streams are either time-limited or have no capacity for growth. The budget for 2011/2012 has had very little flexibility with wages and fixed costs virtually using all of the available funds. CAAPS needs to make it a priority to stabilize and expand the existing base levels of funding to cope with the increase in wage and operational costs.

Although in the coming year CAAPS will have the benefit of funding for an after hours coordinator and a health promotions officer, it will need to continue seeking additional funds to deliver the required level of services.

Thanks again to Barry Hansen who has continued in the role of Board Advocate.



## Who are CAAPS Clients?

CAAPS' clients are mainly (95+ per cent) Aboriginal or Torres Strait Islander people living in the Top End of the Northern Territory. About a quarter are from Darwin, slightly fewer from Katherine and another quarter from Eastern and Western Arnhem Land combined. The remainder are from the Daly Region, the Tiwi Islands and a few from the Barkly region and Central Australia.

There are marginally more men than women attending CAAPS. More than 85 per cent attend for support in dealing with alcohol issues. Six per cent of clients are managing cannabis misuse, three per cent are dealing with amphetamines and a further four per cent volatile substance misuse.







## LAST WORD



***Nothing made it hard to  
come into CAAPS, there are  
really nice staff that help  
and communicate well with  
clients***

**- A Healthy Families Client**



**COUNCIL FOR ABORIGINAL ALCOHOL PROGRAM SERVICES INC.**

