

A guide to engaging multicultural communities in alcohol harm prevention.

Community action to build strong and connected communities is powerful in preventing and reducing alcohol harms. Research shows that action is more effective when it is led by the community, and when a comprehensive approach is used that includes multiple and mutually reinforcing approaches.

This guide to engaging culturally and linguistically diverse communities in alcohol harm prevention focuses on engaging communities at the local level, in a way that includes and fosters their representation throughout the design, implementation and evaluation of activity.

There is no ‘one-size-fits-all’ approach to engaging communities, however a number of guiding principles and proven methods exist. This resource provides a model for engaging multicultural communities in alcohol harm prevention, based on the evidence around what works, and the ‘on-the-ground’ experiences of the Alcohol and Drug Foundation’s *Connecting Diversity* project. Each section provides guiding concepts and considerations for engaging multicultural communities inclusively and safely around preventing alcohol harm with an insights piece demonstrating how this was achieved in the *Connecting Diversity* project.

Who is this guide for?

This toolkit is designed to help community members and groups engage with multicultural communities to prevent alcohol-related harms. As cultural diversity is mainstream for Australian communities, this guide will assist many. Those that might find this resource useful include:

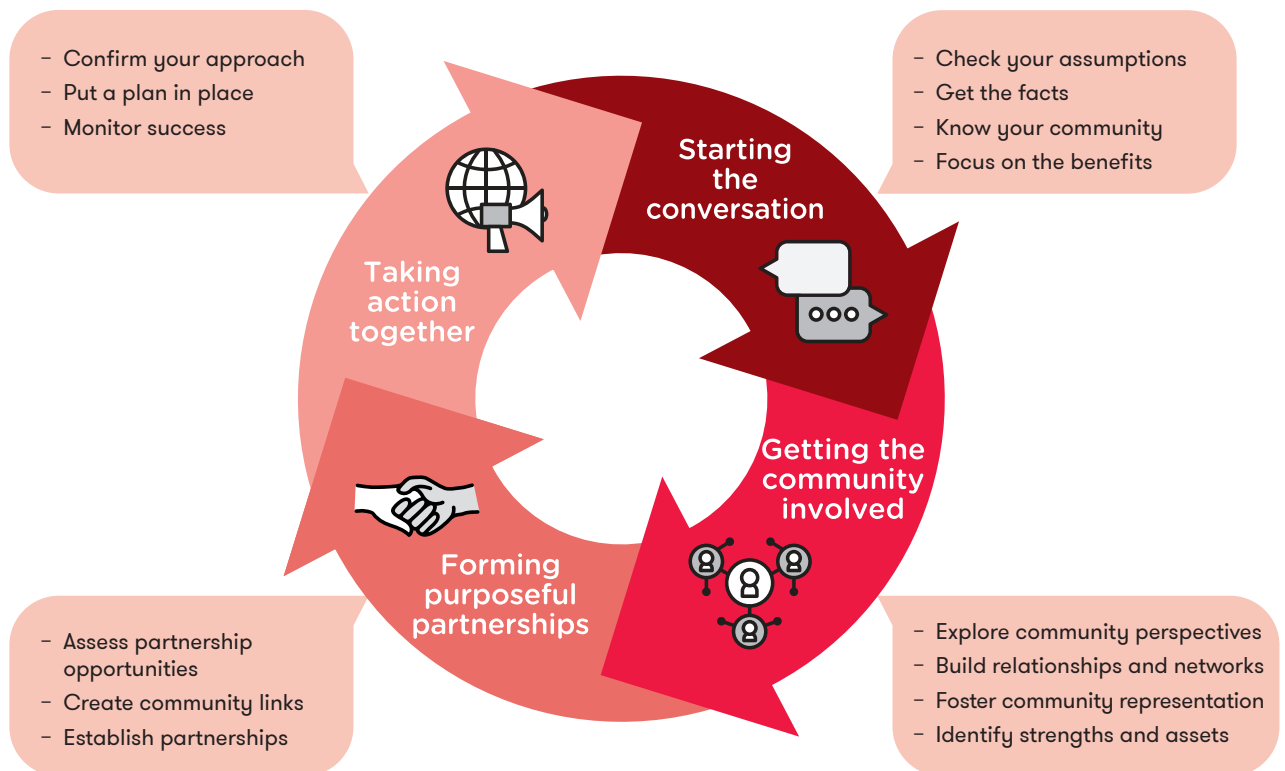
- Community members and leaders
- Community groups, workers and organisations
- Local Councils
- Health and community services
- Immigrant, asylum-seeker, refugee and settlement support organisations
- Community Development Workers
- Health Promotion Workers
- Local Drug Action Teams (LDATs) and Community Drug Action Teams (CDATs).

Connecting Diversity project

Connecting Diversity is a health promotion project which aimed to engage multicultural communities in alcohol harm prevention, particularly communities who speak languages other than English and have experience of migration or asylum-seeker and refugee re-settlement. The two-year VicHealth-funded project was delivered by the Alcohol and Drug Foundation over 2017–2019, in partnership with Indian and Chin-Burmese communities in Melbourne. Evidence-based methods of community engagement were successfully applied in the project, which resulted in meaningful community engagement, increased community capacity and leadership for action on alcohol, and more supportive environments for alcohol harm prevention.

adf.org.au/resources/translated-resources/alcohol-awareness-resources

Model for engaging multicultural communities in alcohol harm prevention



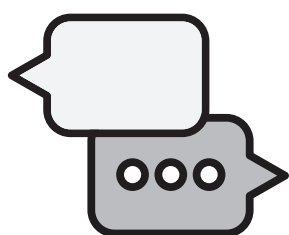
Principles

Action to engage multicultural communities in alcohol harm prevention should be underpinned by the following principles:

- **Interculturalism:** Multicultural communities are connected and dynamic in their diversity, rather than existing as separate identities defined by differences.
- **Strength-based:** The strengths, resources and assets of people and communities are identified and nurtured.
- **Inclusive:** All Australians have access to culturally safe and appropriate alcohol harm prevention support.
- **Evidence-informed:** Relevant and current evidence informs best practice and strengthens knowledge to effectively prevent alcohol harm.
- **Co-designed:** Designed in collaboration with the community affected by alcohol harms.
- **Empowering:** Enables people to gain greater control over decisions and actions affecting them.

Connecting Diversity project insights: An intercultural approach

Many in the pilot communities felt excluded or uncomfortable about the way they are addressed in society, in the context of alcohol issues. The project learnt that speaking to a specific community in Australia by featuring only their community in the message can feel 'othering' and excluding to non-Anglo communities. For example, videos featuring only members of one ethnic community felt like they place that community 'outside' of Australian society. As multiculturalism is mainstream in Australia, it was more appropriate and effective to represent multiple ethnic and cultural backgrounds without each one needing to be included. An intercultural approach was more effective than an approach focusing on a single cultural or ethnic group within society, as it avoided the harmful message that these communities are outsiders and at high risk.



1. Starting the conversation

Conversations about alcohol are important, yet can be difficult at times as alcohol has different roles in different cultures.

Preparation is important, whether you are speaking with your own community, or with another community that you are unfamiliar with. Being well prepared before starting the conversation means you will have a strong basis for a productive and meaningful conversation and are able to manage the unexpected.

Consider the following when starting the conversation:

- Check your assumptions
- Get the facts
- Know your community
- Focus on the benefits.

a. Check your assumptions

We all have hidden beliefs and biases about the world, which are shaped by our experiences and culture. Assumptions are like wearing a pair of glasses we don't even notice until something makes us see the lens. Checking your assumptions requires you to reflect and understand your own beliefs. By understanding your own beliefs, you

can avoid projecting them onto others. This means you will start the conversation about alcohol with a more curious and open mind, ready to listen and understand the community's expectations, norms and understandings of drinking.

How challenging common assumptions in the community may change our approach

What is happening			What needs to happen
Assumption	Attitudes and behaviours	Evidence to challenge assumption	Recommended attitudes, behaviours and approach
Stigma <i>Drinking alcohol is shameful</i>	<ul style="list-style-type: none"> People who drink alcohol can feel shame and loneliness. They may be abandoned or shunned by the community. They might isolate themselves, stop speaking to people or miss social events, because they feel ashamed. Social stigma can prevent people from getting help with alcohol. 	<ul style="list-style-type: none"> In Australia, adults (18 years and over) can legally consume alcohol and alcohol is widely available. 	<ul style="list-style-type: none"> People who consume alcohol should not be judged, shunned or excluded. People who consume risky levels of alcohol need to have access to culturally safe and appropriate alcohol harm prevention support.
Alcohol use <i>No-one in our community consumes alcohol</i>	<ul style="list-style-type: none"> Alcohol harms in the community are not discussed. Alcohol education is not seen as relevant. People who drink alcohol are stigmatised; social stigma can prevent people from getting help with alcohol. 	<ul style="list-style-type: none"> People tend to drink more after coming to Australia, particularly young people. Drinking may be done in private or secret due to various factors (e.g. stigma or intergenerational conflict). 	<ul style="list-style-type: none"> Many people consume alcohol in Australia; they should not be judged, shunned or excluded. Any person can be vulnerable to harms related to alcohol, including harms from alcohol consumed by someone else.
Culture <i>Ethnicity is a minority issue</i>	<ul style="list-style-type: none"> It is only the minorities and 'others' who are ethnic, not Anglo-Australians. 	<ul style="list-style-type: none"> 'New Australians' – immigrants and our/their children – are a majority population. Australia is multicultural: all but our First Nations peoples, the traditional owners, have heritage from overseas. 	<ul style="list-style-type: none"> Cultural diversity is mainstream in Australia. Every Australian has culture, and therefore has cultural biases.

b. Get the facts

There is a lot of information available on alcohol-related issues. There are also a lot of myths and different perspectives. Not everyone knows that alcohol causes harm and not everyone sees it as an issue in their community. Facts can surprise and motivate people to take action. Alternatively, some facts may create tensions with other priorities or values, and challenge strongly held views. Either way, using factual information that is from a reputable source and is relevant to the community is a good way to start the conversation.

Alcohol facts

- Alcohol causes harm to individuals, families, workplaces and the community as a whole.
- By preventing alcohol-related harms in Australia, we could save nearly 6,000 lives and prevent 144,000 hospitalisations each year.¹
- All communities in Australia are vulnerable to harms from alcohol.
- 30% of alcohol harms affect non-drinkers.²
- Community-based action is powerful in preventing and reducing alcohol harms.

Reliable sources of information

Alcohol and Drug Foundation
adf.org.au

Drug Info Line
1300 85 85 84

Alcohol and Drug Foundation Library
adf.org.au/library

Alcohol and Drug Foundation Drug Facts
adf.org.au/drug-facts

Population health

- Local government websites – these include statistics such as age, gender, disability, employment, household, country of birth, Aboriginal and Torres Strait Islander status and sexual orientation
- The latest Census population data
abs.gov.au/census
- Community survey data from local governments (they may have asked the community about issues related to alcohol).

Other

- Council(s) – ask for the Planning, Recreation or Youth Officer
- Primary Health Networks
- TAFEs
- Universities.

1. Laslett, AM., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). *The hidden harm: Alcohol's impact on children and families*. Canberra: Foundation for Alcohol Research and Education.

2. Centre for Alcohol Policy Research, *Alcohol's Harm to Others Study*, Available at: www.capr.edu.au/wp-content/uploads/2017/01/AEA-Paper-2-15052014-rr-am-rr_ml_am.pdf

Connecting Diversity project insights: Using facts to overcome barriers

Both pilot communities have social norms that encourage abstinence which can be a barrier to discussing alcohol harms in the community due to the belief that abstinence means there are no alcohol use or harms present. In other instances, it is known that alcohol is consumed but discussing the topic is avoided. Some groups saw no relevance to them in knowing about alcohol. A central message was developed for these groups to highlight the Australian context: in Australia we need to know about standard drinks to understand laws and health guidelines. We also emphasised the fact that any person can be vulnerable to harms related to alcohol, including harms from alcohol consumed by someone else.

Many in the pilot communities were surprised to find out that non-drinkers are often impacted by others consuming alcohol. As a result, they were interested to know more about how alcohol affects the body and mind of people who drink and how alcohol is linked to violence and accidents, inside and outside the home. They were also interested in fostering respectful relationships to prevent violence and recognising signs of intoxication so that they could make informed choices about personal safety.

Drinking and driving was also a concern for some people. Learning about Australian drink driving laws and responsible drinking and driving was important to people who have recently arrived in Australia.

c. Know your community

Gathering information about the communities you want to work with prior to starting the conversation will help you to understand local factors that may impact on alcohol harm prevention activities, and to approach the conversation with sensitivity.

Explore the following questions with community members to build knowledge of the local context.

Demographics	<ul style="list-style-type: none">• How big is the community?• Who are the community leaders or prominent community members? Who represents their community?• What different groups make up the community? Are there any divisions within the community (e.g. between religious or ethnic groups)?• Where does the community live/work/go to school?• What is the community's English language proficiency, literacy (in English and first languages), and levels of acculturation (adaptation to Australian culture)? How do these vary between groups in the community?
Social/cultural	<ul style="list-style-type: none">• What have been the community's migration and settlement experiences?• What image does the community have of itself? What image does it want to project onto the wider community?• What are the historical, social, religious and political influences on the community?• What are moral values and beliefs that community members hold?• What is the role that family, social networks and systems play in supporting community members?• What issues does the community see as problems?• Who do members relate to outside of their community? Who is the community prepared to work with?• What are the strengths of the community? How can these be drawn on?³

3. Hunter Multicultural Community Drug Action Team and Drug and Alcohol Multicultural Education Centre, 2015. *Confident Communities: A guide to working together with African communities to reduce alcohol-related harms*. Sydney: Drug and Alcohol Multicultural Education Centre.

d. Focus on the benefits

When initiating the conversation about alcohol, frame it in a positive way by highlighting the benefits of reducing alcohol use; this focuses the conversation on the positive outcomes that you are trying to achieve, not what the perceived problems are. Focusing on the benefits avoids problem-driven or deficit-driven language, which can demotivate and stigmatise people, and close down communication and engagement.

There are many health, social and economic benefits to individuals, families, workplaces, and the community of reducing alcohol use. Consider what motivates the community and find the ‘hook’ for them from the benefits in the table below.

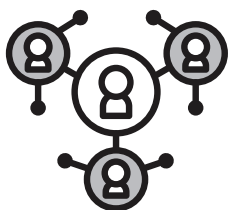
Benefits of reducing alcohol use

Level	Benefits
Individual	<ul style="list-style-type: none">• Improved mental health• Better long-term physical health (e.g. reduced risk of heart disease, cancers, fertility problems)• Healthier appearance• Better sleep• Increased energy• Save money
Family	<ul style="list-style-type: none">• More caring and supportive family environments• Stronger parent-child relationships• Positive role models for children• Improved child wellbeing and early-childhood development• Improved productivity in the home• Safer home environment with less accidents, injuries and violence
Workplace	<ul style="list-style-type: none">• Safer working environment with less accidents, injuries and fatalities• Compliance with Occupational Health & Safety (OH&S) legislation• Increased staff performance and productivity• Reduced absenteeism• Improved work relations and staff morale• Reduced operating, reputational and indirect costs
Community	<ul style="list-style-type: none">• Strengthened social relationships and community connections• Healthier and more resilient community• Increased community participation• Reduced costs from alcohol-related harms• Less crime (e.g. assaults, domestic violence)• Safer community with less accidents, injuries and fatalities

Connecting Diversity project insights: Identifying benefits that motivate the community

Traditional Chin cultural ways and norms are very important and play a part in how the community thinks about alcohol. Many members of the Chin community abstain from drinking as part of their Christian faith, but young people who have grown up in Australia may be more likely to be experimenting with alcohol in mixed-cultural (Australian and Chin) social settings. This means they might think differently about alcohol and use it differently. Alcohol was connected to lots of issues in people's minds including health, morality, education, faith, discipline, social and economic issues. At times, drinking alcohol was perceived as a cause of intergenerational conflict.

Parents and grandparents want to be able to provide informed support and guidance to children and young people who are growing up in a different society to that of their elders, where alcohol is legal and highly accessible. Motivators to learn about alcohol and prevent harms in the Chin community included the desire to promote family wellbeing, positive social interaction, wanting young people to have the best chances in life, and effective intergenerational communication in the Australian context. This aligned with the community's cultural strengths, such as strong social connection and spiritual faith, and a love of sport. Developing communication skills for building strong and healthy families was the most useful alcohol harm prevention strategy for Chin men and women.



2. Getting the community involved

People affected by an issue are the experts of their experience and best placed to explain the problem and priorities.

Community engagement needs to be at the heart of what you do. It will help you to understand the community and their specific characteristics, needs, values and preferences. It will also allow you to identify the strengths of the community. These essential insights will ensure you are being responsive to local need and focusing on the right issue. Making sure that community members are represented throughout all stages of the process increases local capacity, leadership and ownership, which means that action is more likely to be successful and sustained over time.

Consider the following when getting the community involved:

- Explore community perspectives
- Build relationships and networks
- Foster community representation
- Identify strengths and assets.

a. Explore community perspectives

Invite multiple perspectives from across the community, to ensure a variety of opinions and ideas are heard. When exploring community perspectives, consider speaking with people who are the target audience, the project will affect, will benefit from the project, can contribute information to help develop the project and who need to know about the project.

Use these prompts to guide your approach:

- What are the cultural expectations, norms, beliefs and attitudes (including stigma) about alcohol use in the community?
- What does the community think the problem is? What's created it?
- What are their ideas and opinions about the solution, how a project to prevent alcohol harms could be rolled out and key messages?

Methods to explore community perspectives

Different methods can be used to explore local perspectives. Choose methods based on what is feasible and going to be most effective and appropriate for the community.

- **Conversations:** Face to face conversations provide opportunities to present some facts about alcohol harms and ask for perspectives and reactions. Conversations explore issues together, or at the level the community members are willing to participate in – initially it might just be a conversation with one or two people, or it may build towards a focus group or organised meeting. Sometimes it is helpful to have conversations while people are participating in other activities (e.g. cooking or other hobbies), as it is less formal and therefore easier to explore sensitive issues.
- **Surveys:** Surveys are a set of questions that are used to collect data and insights into people's behaviour and views. Surveys can be delivered as paper or online versions, or through face-to-face 'interview' style questioning. When a number of people complete a survey (a minimum of 20–30 survey participants is recommended), the results are collated to provide useful insights into the group and their views. Surveys can be anonymous which may increase the number of people who complete them. However, surveys may not be feasible depending on people's literacy level (in English and first language), information technology (IT) knowledge, familiarity with question format and response options (e.g. use of Likert Scale) and other cultural expectations and norms (e.g. tendency to respond positively so as not to offend, regardless of people's actual view). Hand voting may be a useful alternative method for eliciting feedback and preferences.
- **Focus groups:** A focus group is a more structured approach to discussing issues with small groups of 5–15 people. In focus groups, people are asked about their perceptions, opinions, beliefs and attitudes towards a particular issue, such as alcohol use in the community. Discussions can be led by a researcher or other external facilitator. Focus groups allow participants to explore issues in depth and are good for exploring the views of defined population groups. Consider cultural needs with respect to convening and separating different demographics, for example on the basis of gender, age range, education level, professional or student.
- **Community meetings:** Community meetings bring together a large group of 20 plus people to gather community views and/or present ideas to the community. The format is often a presentation followed by questions from the audience. Community meetings require a large venue and take some time to organise. Some may be well attended, while others may only attract small numbers and/or people with a keen interest. Not everyone will get the opportunity to speak or ask a question.

b. Build relationships and networks

Trusting relationships and strong networks are critical to engaging multicultural communities in alcohol harm prevention. Ideas to consider when building networks include:

- What relationships and networks are already in place? Can you build and strengthen existing relationships and networks?
- Who else might be interested in alcohol harm prevention?
- Who can contribute information or help deliver the project?
- Who has a good understanding and connection to your community?

Building relationships and networks takes time and persistence. Some effective approaches to building connections include working with Bicultural Workers, introductions by community members to other individuals or community organisations/groups, and tapping into existing social networks such as international university student groups. Developing trust requires:

- Investing time in building relationships
- Listening to people's needs, interests and priorities
- Acknowledging and valuing the input of community members
- Valuing any level of participation – it may grow larger in time
- Checking in on people without always making demands
- Following through on commitments
- Being considerate of different cultural expectations around social interactions that may shape your conversations and actions.

Connecting Diversity project insights: Understanding culture

Unless we know each other well, we may be unaware of the variations in unspoken 'rules' and expectations that guide social interactions in each culture. As trust develops, people find it easier to tell each other what different cues mean and what expectations may apply in a given situation.

For instance, in Chin culture it could be awkward for a young woman to ask an elder for a favour, without having something to offer to the elder first. For some (not all) Muslim women, it will cause discomfort to shake hands with men. In many Asian cultures it is appropriate to speak with subtlety, while many Anglo cultures expect directness. Successful collaborators help each other interpret the diverse unspoken expectations of interaction and negotiation.

Other thoughts to consider are: familiar venues, familiar foods, access to gender-specific and gender-neutral toilets, and access for people of all abilities. These considerations will help more people feel comfortable and provide signals of inclusion to people of different backgrounds.

Formal and informal networks exist in communities and may be found in community groups, clubs, associations, unions, organisations and services such as the following:

Local groups to engage with:

- Community members and trusted peers
- Community leaders (e.g. teacher, local faith leaders)
- Multicultural groups and other cultural groups (e.g. Centre for Multicultural Youth, IndianCare)
- Peak organisations (e.g. Asylum Seeker Resource Centre, Australian Multicultural Foundation, Ethnic Community Council of Victoria)
- Community groups (e.g. Chin Women's Circle, parent groups, international student groups)
- Religious or faith groups (e.g. West of Melbourne Chin Community Church Fellowship)
- Sporting clubs (e.g. local soccer club)
- Arts organisations
- Representative groups (e.g. Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex)
- Local council (e.g. Wyndham Community Health Wellbeing and Safety)
- Libraries
- Police
- Schools (primary, secondary, tertiary)
- Lions, Rotary and Apex clubs
- Community development, health promotion and youth workers
- Local employers and workplaces
- Traders and business associations
- Primary health services (e.g. general practitioners, pharmacists, dentists)
- Community health centres and neighbourhood houses
- Health services and hospitals (e.g. cohealth, Multicultural Centre for Women's Health, MiCare)
- Alcohol and other drug services and sector workers.

c. Foster community representation

It is important to foster community representation in local networks, so that community members are represented throughout all stages of the process – not just at the beginning. Having community members represented in local networks of influence ensures that community input goes beyond initial consultation and is influential in identifying local issues and priorities and making decisions.

The contribution of community members should be acknowledged and valued, to build trust, better engagement and continued goodwill.

d. Identify strengths and assets

As you explore community perspectives and build relationships and networks, you will collectively start to identify the strengths, resources and assets of people and the community. Instead of starting with the problem, embrace what is working, what makes the community feel well and what people care about. Nurture what is already there and working well to build on community resilience and unite around alcohol-harm prevention activities. Consider the actual and potential assets of:

- Individuals: skills, knowledge, networks, time, interests and passions
- Community networks and groups: membership, influence, money, networks and people-power
- Organisations: services, buildings, staff time, knowledge, leadership and goodwill
- Physical assets: green space, unused land, buildings, streets, markets and transport
- Economic assets: local skills and talents, local economic activity
- Cultural assets: talents for music, drama, art, sport and the opportunities for people to express themselves creatively in ways that reflect their values and cultural identities.

Connecting Diversity project insights: Tips for getting the community involved

Go to where people are: Focus on the settings of people's everyday life; where they learn, work, play and love. Events where community members are already attending or visiting for their own purposes, such as festivals (e.g. Diwali), social and cultural events (e.g. Holi Day), are ideal places to engage the community.

Leverage established social networks: Tap into existing social networks by identifying the sources of credibility and authority in that network, e.g. teachers, sports coaches, faith leaders, trusted peers. Community leaders can help to ensure your initiative is culturally relevant and accepted by the community.

Tap into what people care about: Focus on the needs, values and preferences of the community. Consider the benefits of taking action, and the strengths and assets of a community. Tapping into what people care about may involve embracing a broader health and wellbeing focus (e.g. raising healthy families) rather than an alcohol-focused approach.

Emphasise points of agreement: Acknowledge the tensions, opposition, gatekeepers and competing priorities that exist, yet focus on shared values that emphasise common ground, e.g. desire for people to be safe and healthy.

Make it fun and useful: Use interactive and interesting methods to share information and explore perspectives on alcohol, such as inviting people to measure a standard drink.

Other thoughts to consider are: familiar venues, familiar foods, access to gender-specific and gender-neutral toilets, and access for people of all abilities. These considerations will help more people feel comfortable and provide signals of inclusion to people of different backgrounds.

Bicultural Workers: Providing a bridge between organisations and communities

Bicultural Worker: "A person employed to work specifically with people or communities with whom they share similar cultural experiences and understandings, and who is employed to use their cultural skills and knowledge to negotiate and communicate between communities and their employing agency".⁴

Organisations are often unable to represent the full diversity of the communities they serve because the diversity within an organisation is typically less than the diversity within society. It can be difficult to foster meaningful community engagement with unfamiliar cultures. Many organisations struggle to build trust and rapport, understand cultural experiences and cultural perspectives and create programs that are truly culturally safe and appropriate for all participants. Bi-cultural workers are a valuable asset in this situation, as they can build bridges between a community and an organisation that wants to build relationships and understanding. *Connecting Diversity* engaged two Bicultural Workers to support the project and to build reciprocal capacity among the organisation and the community.

Key roles of Bicultural Workers:

- Share community perspectives, tradition and values
- Identify community interest/needs, strengths, challenges/barriers
- Community led project development and planning
- Material review and co-design
- Recruitment and community engagement
- Information sharing/capacity building
- Referrals.

Bicultural Worker resources

Cohealth's Bicultural Workers Hub

cohealth.org.au/bi-cultural-worker-hub

Enliven Victoria, Bicultural Brilliance: A toolkit for working with and as Bicultural Workers

enliven.org.au/refugee-and-asylum-seeker-health-resources-for-service-providers

⁴. The Centre for Multicultural Youth 2011



3. Forming purposeful partnerships

Community partnerships and linkages create a strong and connected community and are critical to preventing alcohol harms.

Working in partnership with others is critical to efforts to prevent alcohol harms. Partnerships can be formal or informal. Some partnership work will involve being a catalyst and creating community connections and links among others. At other times, you may form direct partnerships between your own organisation/community and other groups. Underpinning all successful partnerships is a common purpose that motivates people to take action and unite around protecting the community from alcohol harms.

Consider the following when forming purposeful partnerships:

- Assess partnership opportunities
- Create community links
- Establish partnerships.

a. Assess partnership opportunities

Based on the work done in *Getting the Community Involved* to build relationships and networks, it's now time to assess what opportunities for partnership exist within your networks. A number of community members, leaders and organisations may be motivated to take action on alcohol so you will need to identify the right people to build common purpose. Having a common purpose, such as creating a healthier and safer community, will help different people and groups to unite around protecting the community from alcohol harms. If a common purpose isn't apparent, you may find that the community's interests, priorities and motivations overlap with the benefits of reducing alcohol use and provide a good starting point for building a common purpose.

It is important to note that the people who drive community action are not always the recognised leaders or the people who hold positions of authority, but they may hold significant influence. People and organisations that have strong motivation and influence in the community are ideal partners, as they will act as community champions and motivate other community members to get involved and take action.

For a partnership to be successful, partners need to be ready and willing to actively and meaningfully collaborate.

The readiness and suitability of prospective partners may be explored by asking the following questions.

Questions to consider when assessing partnership opportunities:

- **Common purpose** – What common values, interests and purpose exist? What are they trying to achieve?
- **Motivation** – Are they motivated to take action? What motivates them?
- **Influence** – Who can they best influence in the community? Which issues do they care most about?
- **Strengths, assets and resources** – What strengths, assets and resources do they have, or have potential to develop? For example, human and financial resources.
- **Commitment** – Are they committed to community-led action? What is the best way to build their commitment – always use people's motivations and priorities, but are there also regulations or obligations that apply to people with certain roles or positions?
- **Availability** – When and how are they available to participate? Can you help expand their availability by arranging venues and times etc. to suit?

b. Create community links

Not all relationships, networks or partnerships opportunities will result in a commitment to take action together. Some partnership work involves being a catalyst for collaboration and creating community connections and links among others. This is a worthwhile pursuit, as cooperation and cohesion within a community helps to protect communities against alcohol harms.

When creating community links between people, groups and organisations in the community, focus on identifying local groups with common values, interests and priorities (see 'Local groups to engage with' in the *Getting the Community Involved* section). Build awareness among people of the alignment in their values and interests and make introductions. Prepare the groups for conversations about common purpose.

Connecting people to unite around a common purpose will strengthen the community and build local capacity to take action and enact change, so invest time and effort into creating community links.

Connecting Diversity project insights: Building organisational capacity

IndianCare is a not-for-profit organisation established in 2014 to address the welfare needs of Indian origin people in Victoria. IndianCare advocates for the Indian community, provides a range of social services, and connects Indian origin people in Victoria to existing service providers and assistance. Action to address alcohol was not an immediate priority for IndianCare, however they saw the potential to strengthen their community and partnered with the Alcohol and Drug Foundation to prevent alcohol harm.

By partnering with the Alcohol and Drug Foundation, IndianCare's organisational and leadership capacity to prevent alcohol harms increased. This was demonstrated by:

- New community partnerships: IndianCare formalised new partnerships to act on alcohol with Bellfield Cricket Club, Australian Multicultural Community Services, Brothers and Sisters Foundation, and Southern Migrant and Refugee Centre (SMRC)
- Additional funding: IndianCare secured funding to lead two separate projects in the Alcohol and Drug Foundation's *Local Drug Action Team* program
- Support for workforce growth: IndianCare employed a General Manager and Project Officer to support their alcohol and family violence strategy
- New knowledge: New understandings of alcohol harm prevention research and practice were developed. Staff, interns and community champions were upskilled as the organisation grew
- Development of interventions: IndianCare and partners analysed population demographics and drinking patterns to develop interventions for men (including seniors) and youth
- Strategic planning: Longer term plans to address the lack of research on alcohol use in the Indian community progressed to identify possible partners.

As a result, IndianCare is now an informed and effective community leader in alcohol harm prevention, enabling it to secure new grants and diversify its service offering. At the same time, the Alcohol and Drug Foundation has also built organisational capacity as a result of the partnership, particularly in building relationships with the Indian community, understanding perceptions of alcohol and fostering valuable partnerships.

c. Establish partnerships

Partnerships may be established with a number of community members, networks and organisations who share a common purpose and are motivated to take action. Partners can collaborate in many ways, including delivering activities, promoting activities, recruiting participants, financial support, and much more.

Take time to negotiate the roles and responsibilities of each partner, so there is a clear understanding of what each partner is contributing and responsible for. It may be useful, but not essential, to document the partnership agreement to formalise the partnership and help to create a positive environment for working together. Partnership agreements often specify the purpose, roles and responsibilities of the partnership, and ensure that everyone has a common understanding.

Partnership agreements can be documented in different ways and with different levels of formality. Think about what the best approach is for your community. For example:

- Verbal agreement
- Email confirmation
- Letter of Agreement
- Terms of Reference
- Memorandum of Understanding (MoU)
- Contract.

Partnerships are dynamic and should be reviewed periodically to measure their success and to identify whether new partners are needed to boost any gaps in knowledge or skillsets. If there are any recognised gaps, this does not mean the partnership will not be successful, but it is an opportunity to build capacity with each partner reciprocating and learning.

Further resources

VicHealth's Partnership Analysis Tool
vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool



4. Taking action together

Taking action together with community partners should be based on a deep understanding of the community and evidence around what works.

It is important to put a plan in place to map out the steps and guide the work of all partners. Community action to prevent alcohol harm should be monitored in order to understand what works and what doesn't work, and to inform future efforts.

Consider the following when taking action together:

- Confirm your approach
- Put a plan in place
- Monitor success.

a. Confirm your approach

Work with your partners to agree on what the overall purpose is and how you will prevent alcohol harms, based on what you know about the community – their perspectives, motivations and strengths. It may take several conversations and meetings with your partners to reach agreement on your approach.

It is likely that a deep understanding of the local community has been developed throughout the conversations, community engagement and partnership work undertaken to date, including:

- The issues that need to be addressed (e.g. risky alcohol use, drink driving)
- The community groups affected by the issue (e.g. youths aged 12–17 years). This is important so that action can be tailored and targeted to those groups or sections of the community.

- The broad aims for the partnership (e.g. build strong and healthy communities)
- The action to be taken. Action may focus on a range of factors that increase risk for alcohol issues (e.g. isolation, social disadvantage, unemployment), or protect against the risk of alcohol issues (community connectedness, participation in social activities, access to training and employment pathways). The Alcohol and Drug Foundation's suite of toolkits for alcohol harm prevention activity can be used to guide and support community action – see list of toolkits on the following page that can be accessed free of charge.

Draw on your understanding of the community to confirm your approach. The Alcohol and Drug Foundation's *Alcohol and Other Drug Lifecycle Planner* (the 'Planner') is a useful resource to assist with your planning. The evidence-based Planner maps alcohol issues, risk factors, protective factors, influencers and evidence-based alcohol harm prevention activities across the lifecycle. It provides a useful guide or framework to help ensure your approach is evidence-based and has the best chance of success.

When confirming your approach, remember that research shows that community action is more effective when a comprehensive approach with multiple and mutually reinforcing strategies is used.

Once confirmed, it is a good idea to document your approach by putting a plan in place.

Alcohol and Drug Foundation's suite of toolkits for alcohol harm prevention activity

- Strong and connected communities
- Mentoring
- Peer support
- Education in schools
- Positive parenting
- Alcohol and pregnancy
- Community participation in liquor licensing
- Supporting teenagers
- Alcohol, other drugs and young adults
- Pharmaceutical drugs and your community
- Healthy workplaces

Connecting Diversity project insights: Taking action to increase sports participation

Priorities identified in the Chin pilot community focused on removing barriers to participation in sports, as participation in recreational activities is a protective factor against the emergence of alcohol harms. It became clear that despite the Chin community's love of sport, young people were experiencing challenges to playing soccer, and to a lesser extent, volleyball. Barriers included:

- The cost of joining clubs
- The timing of matches
- The length of season in existing clubs: these conflicted with other community obligations
- Lack of available facilities such as playing fields for practice and matches.

To overcome these, the community has focused on increasing access for young people to play in community-run tournaments and agreed on this as the approach for community action. A community action plan was put in place that required new collaborations to assist with booking fields for training (as booking fields required an organisation with public liability insurance), supervision of training sessions to reassure working parents that their children were safe, some ways to deliver important information to parents in languages they speak and mentoring and upskilling young people to be responsible for some of the organisation and volunteer workload.

b. Put a plan in place

Putting a plan in place and documenting your approach will provide a framework or 'road map' for implementing change. Aim for a plan that can be realistically achieved that includes:

- A description of the issue and what the community wants to accomplish
- Objectives – objectives answer the question 'Who is going to do what, for whom, by when, and to what standard?' See examples provided.
- Action to be taken, for example supporting teenagers' activity, and include what steps are required
- Timeframes
- Who is involved/responsible
- Budget
- Additional resources (people, money, materials) needed for success
- A plan for monitoring success, including measures of success.

Example objectives

Objectives are about what change will occur. Try to make your objectives **SMART**:

Specific, **M**easurable, **A**chievable, **R**elevant and **T**ime-bound. For example:

- Work with two local healthcare service providers to identify and reduce at least three barriers to health seeking behaviour present in the community over the next 12 months
- Work with three community leaders to establish and address two key strategies to influence the socially acceptable nature of alcohol consumption within the community over the next 18 months
- Engage with one local media outlet to help ensure accurate and stigma free reporting on alcohol issues in the next 6 months.

Connecting Diversity project insights: Making alcohol information accessible in videos

[Videos](#) on *Alcohol and the body*, *Standard drinks*, and *Benefits of not drinking alcohol* were developed to address the lack of reliable information about alcohol; presented in a way that responded to different perceptions about alcohol from communities; and were accessible in languages understood by many members of the community.

Following extensive community consultations, it emerged that, despite differences in background and languages spoken, both the Indian and Chin pilot communities were seeking the same information in the videos, which was consistent with all available research about the information needs of any Australian community. The range of cultural perspectives also suited both communities.

Including information on the effects of alcohol on the body, describing standard drinks and describing the benefits of consuming less, or no, alcohol as well as providing multiple language translations, were the key developments that made the information more accessible and relevant. Furthermore, the videos use voice-over rather than subtitles, so they do not require written literacy or written languages to be tailored for all Australian communities. The videos are available in: English, Hindi, Gujarati, Hakha Chin, Punjabi, Burmese and Tamil. To reassure working parents that their children were safe, some ways to deliver important information to parents in languages they speak and mentoring and upskilling young people to be responsible for some of the organisation and volunteer workload was important.

c. Monitor success

Plan how you will monitor and evaluate each activity at the early planning stages, so you will know what works and why, and you will be able to demonstrate this to the community, partners and funders. Monitoring and evaluating is important as it can provide information on:

- The progress and achievements of your project
- The challenges, practice insights and lessons learned
- Who the project has reached and what it has meant for them
- The transferability of your project to similar settings elsewhere
- The objectives/targets that were met
- The implications of your project's progress and achievements for future programming and funding.

Monitoring and measuring success should be done throughout the process, not just at the end of your activity. If something doesn't go according to plan, revisit the plan with partners and look for alternative solutions and approaches – this ongoing problem-solving and negotiation is to be expected and is not a sign of failure. When action is successful, remember to celebrate the success whether big or small, and provide feedback and acknowledgement to community partners to keep everyone motivated around the common purpose.

Defining measures of success

Measures of success are critical to monitoring the success of community action. Measures of success (sometimes called indicators) indicate what needs to be measured in order to assess the project's success. They are markers of your project's progress and achievements.

Process measures relate to your project processes and how it is being delivered (e.g. number of education sessions, participant satisfaction). Impact and outcome measures relate to the difference your project has made (e.g. increased knowledge, improved access to information). Determine measures of success for each activity in your community project.

Tips for defining measures of success:

- Try not to be over-ambitious, such as over-estimating the turnout to an event or achieving significant community change in a short period of time. This can lead to projects being assessed in ways that might not be achievable
- Develop measures of success to answer the question: What is different as a result of our project/s and activities
- Be careful not to confuse outputs (what is delivered) with outcomes (what changes are caused)
- Consider outcomes that may occur at different levels including individual, organisation and community
- Link the measures of success to your objectives.

Useful resources

- *Alcohol and Other Drug Lifecycle Planner*
community.adf.org.au/get-started/aod-lifecycle/
- *Evaluate your activities*
community.adf.org.au/evaluate/

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- IndianCare
- Kulturbrille
- Maribyrnong City Council
- MiCare
- Migrant Information Centre
- Multicultural Centre for Women's Health
- Western Melbourne Chin Churches Fellowship (WMCCF)
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