

# Searching for Pacific Solutions

## A community-based intervention project to minimise harm from alcohol use

### Final Report

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Report to  
Alcohol Advisory Council of New Zealand, Health Research Council of New Zealand  
and the Accident Compensation Corporation

June 2008



Community Action Research

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**SEARCHING FOR PACIFIC SOLUTIONS  
A COMMUNITY-BASED INTERVENTION PROJECT TO  
MINIMISE HARM FROM ALCOHOL USE**

**FINAL REPORT**

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# FOREWORD

Le Ala is a community action research project led by Pacific peoples from a range of academic and clinical disciplines. It aims to increase the understanding of Pacific peoples about alcohol- and drug-related harm and to encourage activities that reduce the likelihood of such harm.

This document is part of a suite of reports that have been undertaken to reduce alcohol-related harm in the Pacific communities in Aotearoa/New Zealand.

The first, *Alcohol Community Interventions and Services for Pacific Peoples – Literature Review* (Warren, Kirk & Lima, 2006), provides in-depth insights into relevant alcohol and drug services and interventions carried out nationally and internationally with ‘cultural communities’.

The second, *A Stocktake of Pacific Alcohol and Drug Services Interventions* (Annandale, Macpherson, Richard & Solomona, 2006), focuses on existing services, programmes and approaches to the delivery of alcohol interventions to the Pacific population in Aotearoa/New Zealand. Both the *Literature Review* and the *Stocktake* raise issues about the significance of socio-demographic shifts within the Pacific population. These insights led the team to consider the implications of these shifts for future alcohol education and treatment programmes.

This report, *Searching for Pacific Solutions – a Community-Based Intervention Project to Minimise Harm from Alcohol Use*, is the third of the suite and focuses on the ‘intervention’ (story-telling). It includes recommendations for future work and possibilities, and provides in Appendix 7 an evaluation of the intervention, which was undertaken by Dr Bev James and Dr Diane Mara (2008). The evaluation aims to give the project credibility in an ‘evidence-based’ world and documents the efficacy and effectiveness of some of its processes and procedures.

Together, this suite of reports records an innovative and forward-thinking approach to alcohol and drug issues in the Pacific community in Aotearoa/New Zealand.

# EXECUTIVE SUMMARY

This is the report of a project designed to produce a community intervention with a focus on minimising alcohol-related harm in Pacific peoples in Aotearoa/New Zealand. It is part of a comprehensive strategy to support an evidence-based approach to prevention (rather than treatment) and is informed by a literature review and stocktake of services to Pacific peoples. It includes, in Appendix [7], an evaluation of the intervention (the Story-Telling phase) and its achievements.

Participants in the intervention were recruited from Pacific communities representing Samoa, Cook Islands, Tokelau and a pan-Pacific group. They included young people (over the age of 15 years) and women and men across the spectrum of ages. A 'narrative' approach simultaneously provided the theoretical structure, the data-collection methodology and the forum for the intervention. Seven intervention groups met for a total of eight sessions each and, although numbers fluctuated for each group, involved 80-100 participants.

Overall this project is an ambitious attempt to provide a radically different intervention to minimise harm from alcohol use that is more acceptable to Pacific communities. In this endeavour it has been successful; it is Pacific driven, community located and prevention focused, and has engaged people who would never have gone to an alcohol and drug treatment centre. The narrative approach allowed people to move beyond the 'wounding' stories and reclaim power over their own lives. It was more successful in groups that already existed (rather than those constituted for the purpose of the study) and provides a useful baseline of data from which future projects can be developed. Whilst the research agenda was the reduction of alcohol-related harm, communities chose to take the widest possible interpretation of this to include issues of greater concern (such as youth suicide, violence and cultural alienation) of which alcohol consumption is a part.

There is potential in this narrative approach to engage with communities in a more targeted way (i.e. with particular sub-groups) and to connect with a diverse range of populations (beyond ethnic identification, such as sports communities). Although only two of the groups have continued beyond the intervention phase, the goal of community empowerment has been achieved and a road map for future change laid.

# INTRODUCTION

This project was developed in response to a 'request for proposal' (RFP) put out by the Health Research Council of New Zealand (HRC) and collaboratively funded by HRC, the Accident Compensation Corporation (ACC) and the Alcohol Advisory Council of New Zealand (ALAC). Its goal is to produce a community-based intervention, with a focus on minimising alcohol-related harm in Pacific peoples.

In line with the health promotion strategy of the World Health Organization's (WHO's) Ottawa Charter (1986), "enabling individuals to increase control over and to improve their health" (WHO, 1986, p1), it was considered that a community response would increase the likelihood of improved quality of life and maximum health and well-being for the participants. The five action sites of the Charter were created, all with a collective responsibility on health, and included: building healthy public policy, creating supportive environments, strengthening community action, developing personal skill, and re-orientating health care services to a more preventative focus (WHO, 1986).

While this proposal attends to all the action sites acknowledged in the Charter, its particular strength is the identification and creation of opportunities for capacity and capability development within diverse Pacific communities in Aotearoa/New Zealand. It allows for a 'Pacific-specific' rather than a pan-Pacific response to centres of population connected by geography and kinship.

The 1999 Ministry of Health Survey Taking the Pulse sampled 645 Pacific people using the Alcohol Use Disorders Identification Test (AUDIT) as part of a national survey of 7862 adult New Zealanders. It found that "Pacific people... were most likely to report not drinking any alcohol in the previous year; however, [they] tended to drink more on a typical day when drinking than European/Pakeha drinkers". At the time of application for this project (2003) 'Searching for Pacific Solutions', there was a dearth of information on the effects of alcohol on the health of Pacific peoples living in New Zealand. Lima (2004) identified no more than six small-scale studies. Although few in number and scale, the studies were sufficiently worrying to lead the research team (and funding agencies) to the conclusion that Pacific peoples' drinking patterns were impacting negatively on their physical, mental, social, economic and spiritual well-being.

There were even fewer studies that examined the underlying reasons for pathological drinking in Pacific communities. Siataga (2001) argued that a complex range of factors contributed to this, suggesting a lack of awareness about lifestyle choices and strategies, including abstinence, moderation and host responsibility, as well as sub-cultural and generational drinking patterns, poor communication in families and interpersonal stressors. Since that time, further data has been gathered. The Pacific Drugs and Alcohol Consumption Survey, conducted for the Ministry of Health by SHORE/Whariki (2004), found that the picture of Pacific peoples as non-drinkers and 'late starters' was changing rapidly. This survey confirmed earlier studies that found when Pacific peoples do drink, they drink more heavily. Pacific people were also more likely to have drunk more than 10 glasses of alcohol on the last drinking occasion. Six standard drinks is the upper limit of responsible drinking for men on any one occasion, and four for women. Alcohol consumption in New Zealand is measured through alcohol available for consumption. Although still lower than the early 1990s, consumption levels have been rising since 1998. The average rate of consumption in 2005 per head of population over the age of 15 years was 9.38 litres of pure alcohol, up 3.2 percent from 2004, while the Pacific sample averaged 20 litres. Broken down by gender, Pacific men drank 27 litres of absolute alcohol per annum while women drank 13 litres. As with the general population, most drinking took place at the respondents' own homes or at other people's homes. Although men were more likely to drink alcohol (61 percent), drinking among women was increasing. A breakdown by Island group showed that Cook Islands Maori youth (13-29 years), Cook Islands women in all age brackets, and Niuean women in the 30- to 65-year bracket were more likely to be drinkers than they were previously. Samoan women drank less in all age categories. Given the increasing prevalence of alcohol consumption among Cook Islands and Niuean women, the survey suggested that they should be singled out for targeted interventions.

According to the same survey, Pacific peoples tend to have extreme drinking patterns. On the basis of their beliefs, attitudes and behaviours towards alcohol, New Zealand's adult Pacific population (18+ years) can be divided into four groups:

1. Don't drink at all: 'non-drinkers'.
2. Are aware of how much they are drinking: 'conscious moderators'.
3. Are unable to drink as much as they would like for a variety of reasons: 'constrained binge drinkers'.
4. Have no restrictions on their drinking: 'uninhibited binge drinkers'.

The two key reasons given for abstaining or for limiting the amount of alcohol consumed were 'religious beliefs' and 'commitments'.

Pacific people in New Zealand are drinking in a social environment where alcohol consumption is the norm (only 19 percent of the general adult population in New Zealand are currently non-drinkers). Heavy and risky drinking is practised by 74 percent of the population on at least one occasion in their lives and 36 percent within the last two weeks. This 'binge-style' drinking pattern "results in more harms and social costs than those incurred by dependent drinkers" (ALAC, 2005). The 'harms' include injuries resulting from accidents or fights, problems with relationships, problems at work, neglect of family responsibilities, and embarrassment from indulging in behaviours not normally engaged in. They are all associated with excessive per-occasion consumption (ALAC, 2005).

Although Pacific peoples have access to mainstream alcohol and drug services in Aotearoa/New Zealand, problems with alcohol in their communities are not diminishing. There is a multiplicity of reasons for this but the Stocktake of Pacific Alcohol and Drug Services and Interventions (Annandale et al, 2006, pp35-40) finds that:

- Pacific peoples who fit within the 'substantial to severe' category of alcohol problem avoid presentation to addiction services and this impacts on the severity of alcohol-related harms
- numbers of Pacific peoples with problematic alcohol consumption do not currently fit within the 3 percent category that qualifies for treatment, that is, more prevention-based (rather than treatment-based) strategies need to be developed
- the mainstream models of treatment currently being offered are largely developed on Western medical understandings and target individual risk factors, but this is not always appropriate for culturally diverse populations that are more community focused
- the range of 'Pacific' interventions offered is an eclectic mix of Palagi and Pacific models
- although there is general consensus that these programmes work well for Pacific peoples, there is no available rigorous assessment of effectiveness.

An additional and innovative approach is needed to identify how we can tap into cultural practices and behaviours to understand the problem and, rather than restating it, generate a solution. Community action research acknowledges generational, gender, ethnic-specific and regional diversity. It allows communities to collaborate with the process and take ownership of the outcomes. Anecdotally, the research team has had feedback from many Pacific communities that they are 'researched out' and dissatisfied with processes that leave them feeling used and disenchanting. A narrative approach allows researchers to develop trust relationships with the communities and pays attention to Pacific methodologies of obligation and reciprocity.

Narrative therapy (Freeman & Combs, 1996; Monk, Winslade, Crocket & Epston, 1997; White, 2000) is the clinical application of a growing body of ideas and practices that locates people's problems in their socio-cultural context. Whilst it is used for and applied to a range of life situations, it has been successfully translated as a tool into alcohol and drug recovery programmes. Essentially, narrative therapy (Monk et al, 1997) begins with the telling of a story around a 'problem'. It then moves to take apart or 'deconstruct' the problem by exploring its various dimensions. Influences are 'mapped' according to the effects on each individual, then separated from the person and 'externalised' or located within cultural meaning (rather than some internalised pathological condition).

Having put the 'problem' outside the individual, those involved are encouraged to unite against it. Being distanced from a 'problem-saturated' story, people are now in a position to search for and construct a preferred and alternative story. The problem-saturated story is not minimised or denied but relegated to a point in history that forms the critical juncture of connection between the 'then' and 'now'. A person's earlier life is 're-storied' to demonstrate that abilities currently being used to deal with the problem are built on capability accumulated from an earlier time. In the process of re-defining themselves, it is important that the person has a supportive 'audience' who will embrace and affirm the new way of 'being' and 'doing'. This process has created a platform for moving forward with a new vision and a new range of possibilities.

The researchers have made it clear that this is not a clinically based project and it makes no attempt at therapy in the classic sense of the word. However, narrative approaches provide a theoretical structure that locates the project in an academically credible field of study. The study of life-stories or narratives as a way of understanding how individuals and communities make sense of their worlds intersects with culturally based addictions literature. Self-narrative structures, 'storying' the past to shape the future, have traditionally been part of 'recovery' strategies. A synthesis of past and present creates a space for cultural communities to maintain the essence of their stories and traditions and apply them to modern contexts and challenges. The narrative approach is flexible and inclusive and can be used by individuals, families or communities. It generates solutions aimed at minimising harm from alcohol, gleaned from narrative identity and interpreted through the 'cultural eye'. However, the narrative genre is not without its problems. How are stories privileged? What stories can and should be told in a given culture? And what stories are understandable and valued among people who live in and through a particular culture?

The Le Ala project develops and trials a narrative intervention based on the knowledge of identified communities, and examines 'story-telling' as the foundation of legitimate and successful interventions in 'cultural communities' where oral traditions are still strong.

This document is written in a way that records events in a linear and conventional academic style. However, all components of the project are intricately woven to produce the whole. For instance, the method is recorded as a distinct entity but it is also elaborately part of the intervention.

Appendix 7 provides an evaluation of the story-telling intervention, together with recommendations for future, similar initiatives.

## METHODOLOGY

Methodology focuses on the best means for acquiring and interpreting knowledge about the world (Denzin & Lincoln, 2005). In deciding on a methodology there are some key questions that need to be considered:

- Who is the information for and who will use the findings?
- What kinds of information are needed?
- How is the information being used? (Patton, 1990, p12)

The theoretical and methodological framework needed to accommodate the intricacies that were inherent in the research question, that is, who are these people who identify as 'Pacific' and whose knowledge matters? Some of these intricacies are discussed below.

## IDENTITY

Identity is a complex issue that "for any individual is a product of self identification which may be independent of ancestry or nationality" (Bedford & Didham, 2001, p23). Bedford and Didham (2001, p23) go on to argue that ethnicity is not fixed over the lifetime of a person and "an individual may identify equally or to differing degrees, with several ethnicities". Ethnic identity is constantly changing "through processes such as intermarriage, international migration and... the politics of ethnic self-identification" (Bedford & Didham, 2001, p23). The label 'Pacific peoples', like the label 'Asian peoples', includes groups with a range of ethnic affiliations and, whilst this may vary between groups, 'Pacific only' identification continues to fall with each census across all groups (Bedford & Didham, 2001, p29).

Another issue raised by the participants was *place of birth*. They drew some distinctions between those who were born in New Zealand and those born in the 'Islands'. However, in the general population, nearly 60 percent of Pacific peoples living in New Zealand were born here (Bedford & Didham, 2001, p29). The issue of more significance for future community initiatives is age cohort, with those under the age of 15 years more likely to have been born in New Zealand. Place of birth is a shorthand way of describing ascribed levels of enculturation, that is, people born and educated in Pacific homelands are deemed to be 'more Pacific' than those Pacific peoples born and educated in the New Zealand context. Underpinning this ascription is a process by which levels of alienation are experienced within the New Zealand context, thus 'Pacific-born' experience alienation from mainstream culture. To some extent, this can be seen in the later discussion under the heading 'The Old Hacks'. For New Zealand-born, the issue of alienation is more problematic in some senses because these people (often the younger generation) experience alienation from the mainstream and from their ethnic communities; judged on the one hand as 'not Palagi enough' and 'too Palagi, not Pacific enough' on the other.

## LANGUAGE

Fluency with *language* is often the key marker for determining where one positions oneself and how others position us. According to Bedford and Didham (2001, p36) over 40 percent of Pacific peoples speak only English, with the remainder naming English as one of the languages in which they consider they are competent enough to hold a conversation about everyday life. However, "with [only] just over half of all Pacific peoples speaking at least one major Pacific language", this sort of competence with an indigenous language of the region is no longer used as a distinctive characteristic of population sub-groups (Bedford & Didham, 2001, p39). A decision was made to hold interviews in the language of the participants' choice. In the main, this was English but two groups chose to use their indigenous languages. The significance of language for cultural identity is fundamental for these groups. According to Macpherson and Bedford



(1999, p26), “cultures are embodied in their languages... languages are reproduced in cultural events and vice versa... those who do not know the language in which they are conducted... [cannot] fully appreciate all of the linkages between the ideas that together give meaning and structure to the [event]”. For those groups that chose to hold the intervention in their indigenous languages, ‘native’ language speakers had to be found as facilitators. A meticulous process of translation followed, beginning with the transcription of the interviews into the indigenous languages, which were then sent to a translator (not responsible for participating in the group or for the original transcription) for conversion into English. The translated narratives (along with the original tapes) were then sent to a second translator to verify the accuracy (or otherwise) of the terms and concepts. If the translators could not agree, a meeting was set up with one of the lead researchers and an ‘elder’ from the community, to finally agree on the material.

## RELIGION

According to Bedford and Didham (2001, p42) “the maintenance of religious beliefs, and the cultural values and practices which are sustained by these beliefs, are challenged as much as the maintenance of language competencies”. The location of some of the participant groups within church settings had both facilitating and inhibiting effects on the success of the intervention. Some (especially the youth) had great difficulty in participating in church-based programmes (and more particularly when they were conducted in their indigenous languages). By contrast the most successful group that chose to participate was one affiliated to a church. It comprised a group of strong, articulate women for whom the church is the centre of their lives. They had a purpose and a focus outside the Le Ala project, and used the research opportunity to expand their skills and sphere of influence. This is the only group that survived beyond this undertaking. More will be said about religion as an issue in the Pacific community (especially amongst the young) throughout this document.

## RADICAL HERMENEUTICS

A methodology that can contend with this complexity of identification is *radical hermeneutics* (Caputo, 1987; Van Manen, 1990). Hermeneutics is the art and theory of interpretation, as well as a type of philosophy that starts with questions of interpretation. It emphasises understanding as continuing a historical tradition, as well as open dialogue in which prejudices are challenged and horizons broadened. This particular branch of the hermeneutic tradition (radical hermeneutics) was chosen because it allows for the ongoing interpretation of meaning (which is not fixed in time or circumstance) and because of the stance that it takes of not formulating the issue as a ‘problem’ (Van Manen, 1990, p24). It uses personal experience as the starting point and the hermeneutic interview turns interviewees into collaborators in the research project (Van Manen, 1990, p62). A typical ‘conversational interview’ that gathers and reflects on the lived experience might include:

1. a description of the experience as the participant lives through it (avoiding explanations, generalisations or abstract interpretations)
2. a description of the experience from the inside (state of mind, feelings, the mood and emotions)
3. a focus on a particular example or incidence
4. a focus on an example of the experience that stands out for its vividness (as though it were for the first time)
5. attendance to how the body feels, how things smelled or sounded
6. avoidance of beautifying the account with fancy phrases.

The interview is also used to develop a conversational relationship with a partner about the meaning of the experience. Meaning in this context is always multi-dimensional and multi-layered.

The central task of this project is not to be critical of the way mainstream science has accommodated difference; it is to develop and implement an intervention that helps Pacific communities to reduce the harm of alcohol misuse. By using this hermeneutic tradition, the gendered experiences of Pacific cultures, the distinction between New Zealand-born and -raised and Pacific-born and -raised, the cultural values of respect the young owe the old and the untitled owe the titled are all part of the nuances of meaning-making.

## HEALTH PROMOTION

This intervention to alcohol-related harm in Pacific communities utilises a health promotion approach, consistent with preventive strategies rather than a treatment focus.

Laverack (2004) sees health promotion as a “situated practice” rather than some universal theory or approach to health:

In broad terms health promotion describes a relationship between the state (which regulates health opportunities), market economies (which create both health opportunities and health hazards) and community groups (which, through individual choices or collective action, influence both the state and market economies as well as their own health). (Laverack, 2004, p6)

Health promotion works to create a change in those relationships. However, if the fundamental tenet of health promotion is to increase people’s control over their own health, we need to find a way of listening to how communities define their own health goals and how we (as practitioners) contribute to that. In an analytical framework for the determinants of health, Laverack (2004, p26) advances the idea that “people living in risk conditions independently have more disease and premature death and less well being”. People often internalise the unfairness of their social circumstances as aspects of their own ‘badness’ and increase their risk factors by adopting unhealthy responses. One of those *behavioural risk factors* is substance abuse (along with smoking, poor nutrition and physical inactivity) and it is simultaneously the solution and the problem.

The way in which we make sense of or understand a problem invariably gives rise to the intervention. In the case of searching for solutions to alcohol problems in the Pacific communities in Aotearoa/New Zealand, the health promotion schema allows for a multi-factorial analysis of the difficulties. These may include the *risk conditions* of cultural alienation, poorly paid work, high unemployment, discrimination, overcrowded living, poor-quality housing, and living in a society that values individualism and competitiveness (Laverack, 2004, p26). In this framework, the *psychosocial risk factors* might include isolation, lack of social support, low perceived power, high self-blame, and a loss of meaning or purpose.

The narrative intervention designed for this project allows each Pacific community to identify according to their own criteria and to address the multiplicity of issues that contribute to alcohol consumption being identified as a problem. Rather than developing a uni-focused response on alcohol alone, communities had the opportunity to intervene across a range of social, behavioural, psychological and cultural determinants to improve the health of the whole community.

Method describes the way in which the data is collected, for example interviewing, direct observation and analysis of artefacts, documents and cultural records.



One of the key questions for this piece of research is “how does the researcher mediate multiple ways of knowing?”. Pacific communities in New Zealand are not homogeneous and there is no coherent ‘Pacific’ body of knowledge. According to Macpherson and Macpherson (2001, p79), “the migrant enclave has provided spaces for a wide range of people to engage in discussions about what it means to be a Pacific person. Since the parties occupy different social locations and represent a steadily increasing range of backgrounds and experiences there are, unsurprisingly, a range of views about what it is to be a Pacific person”. These new identities are emerging in theatre, literature, art, music, fashion and education and embody “common experiences of growing up as a person of Pacific descent in Aotearoa” (Macpherson & Macpherson, 2001, p67). Identities are dynamic and changing and “reflect the... reality of being a Pacific person in a complex society” (Macpherson & Macpherson, 2001, p67).

It was important to find a methodology and theoretical position that supported these differences. This in turn allowed each community to identify itself according to its own frame of reference and generate a solution to its alcohol problems that is appropriate for that community.

The data in this study is the narrative stories told by the participants. It was gathered from the intervention groups that ran for each community, recorded on tape and transcribed, then returned to the groups for checking and verification. Individual stories are not repeated here and no participant is individually identified. Instead, the stories are analysed according to archetypal themes. The word archetype comes from the Greek meaning ‘first pattern, or original model whose nature determines how things are formed’ (Blackburn, 1996, p23). In a therapeutic milieu, the concept of an archetype was adopted by Carl Jung. In the early 20th century, Jung disputed Freud’s psychoanalytic theory of personality and the preservation of psychic equilibrium. Jung practised a form of ‘analytic psychology’ according to which “man’s behaviour is determined not only by the conflicts already present in his individual and racial history (the personal and collective unconscious) but also by his aims and inspirations” (Jung, 1963, p337). Jung identified five classic archetypes: the *shadow* or the dark side of our personality, the *anima* (our inner opposite), the *syzygy* (a pattern of wholeness or integration), the *child* (related to the hope and promise for new beginnings), and the *self* (human and divine).

In the Pacific context, there are comparable seminal narratives, originally passed down through an oral tradition and more latterly in the writings of accomplished authors such as Albert Wendt.

It is usual in this type of data collection to illustrate the themes with examples from the narratives. However, in this case, these quotes have largely been omitted. The Pacific community is still relatively small in Aotearoa/New Zealand, and, after feedback from our advisory board that groups (if not individuals) were still recognisable, even the most universal of excerpts were removed.

## THE PROCESS

The detail of obtaining ethical approval, recruiting participants, providing information and gaining consent is included in Appendices 1 - 3. There were a number of themes that emerged from the process of conducting the research and they are explored here.

## RECRUITMENT

The most fundamental issue for this project was the recruitment of an appropriate sample of participants, and the most important factor in recruiting Pacific peoples was time. At the heart of getting a good sample was *relationship/rapport-building*. The Pacific Mental Health and Addiction Cultural & Clinical Competencies Framework (Pulotu-Endemann, Suaali’i-Sauni, Lui, McNicholas, Milne & Gibbs, 2007) describes this process in some detail, giving an example from the Niuean community (Pulotu-Endemann et al, 2007, p32). However, in general, the process of initial engagement and creating rapport involves allowing enough

time and approaching from a cultural perspective (rather than a clinical one). The researcher should find out as much as possible about the participants before meeting them, for example, which Pacific group(s) the participants identify with (Samoan, Tongan and Cook Island), the cultural status of the people involved, whether they hold traditional titles, where they come from (Island, village, district), whether they can speak English, whether they are New Zealand or Pacific born, and whether it is necessary or appropriate to take an orator or interpreter. Pulotu-Endemann and colleagues (2007, p32) offer this advice to clinicians working with Pacific peoples in a mental health setting:

Building trust and rapport with Pacific consumers, especially for the first time, often requires utilising the 'roundabout' Pacific rapport building technique. This technique can be used to find out if there are any potential barriers to working with Pacific consumers and/or family... The advanced worker has comprehensive knowledge of family structures, values and protocols in at least one Pacific culture. They are fluent in a Pacific language and are able to establish and maintain relationships and communicate with the consumer, family leaders, elders and others within immediate and extended families contexts.

Many of these elements were required in recruiting a study sample. At a minimum we were asking a large number of people to attend an initial focus group meeting of two to three hours then commit to attending weekly meetings of two to three hours for a period of eight to 12 weeks. Depending on the success of the groups, this second period might continue for 12 to 18 months. In order to achieve full cooperation from the various community groups, the researchers had to put time and resources into building relationships with them. This involved a slightly different process in each case, but often began with a single contact with a significant community leader. They then acted as a conduit between the researchers and the potential participants. This relationship-building took approximately three months where the researchers had no existing links into a community. Where such links did exist, the process of engagement took about one month. In the interests of expediency, some pressure was applied to communities to participate. The process took even longer where this occurred. Some people felt 'forced' to engage before they were ready and found ways of sabotaging the progress of the research. In one or two instances, the researchers attempted to speed up the recruiting phase. Retrospectively, the researchers acknowledge that taking an 'expedient' approach simply resulted in these groups being less deeply engaged. The issue does raise an important point for future research projects that rely on recruiting participants from a Pacific community. There is a tension that the research team must manage between being able to demonstrate 'progress' for funders/sponsors of projects and feeling sufficiently supported and confident in their professional judgement to proceed no faster than the community group itself feels safe with.

## RECIPROCITY (TALI)

Reciprocity describes the nature of exchange, the shared process of giving and receiving. The nature of reciprocity is central to all Pacific cultures and in this study influenced the decision-making on participation. Understandings of what participants might be expected to give and receive were clarified and factored into the decision-making process. A formal model of 'reciprocity' was adopted in the late 1990s by the Ministry of Pacific Island Affairs (MPIA) in Fuimaono McCarthy's period as Chief Executive (Macpherson & Anae, 2008). During that time MPIA entered a lot of partnerships with Community Reference Groups and enabled those groups in turn to enter relationships with other government agencies. The trademark of all of these was that all those who became involved gained a greater degree of interaction with the agencies that controlled their lives. The process was empowering for the communities and represented a 'higher trust model' than the contract-based models in which the 'experts' seem to control the terms of the transactions and the relationship (Macpherson & Anae, 2008). As with MPIA in the 1990s, the Le Ala group based its methodology on the giving and receiving of information and strategies that ultimately left control of the process (and the outcome) with the communities involved. There was no homogeneous solution to their alcohol-related problems; each constituency was able to define the 'problem' and the 'solution' according to its own needs.



## CONSENT

The question of the necessity of obtaining consent is not at issue here; it must happen in every case. The tension lies in the means by which consent is obtained.

The first ethical principle before carrying out any 'human subjects' research is that of informed and voluntary consent. According to the University of Auckland Human Participants Ethics Committee guidelines:

“...the researcher must provide adequate information to the participants relating to the purpose of the research, methods of participant involvement, and intended use of the results. This information must be provided in a manner that most easily and effectively permits the would-be participant to understand and voluntarily commit to participate. This requires a high standard of English worded appropriately to meet the needs of the potential participants. Special care in preparation of documents is required for children, persons with special needs and participants of diminished autonomy. The researcher must not take actions that impair the voluntary nature of consent. When dealing with children the researcher must consider the competency of the child to consent and whether the consent of one or more guardians may be required.” (Guiding Principles, p4)

Accompanying any application for ethics approval is a consent form (see Appendix 3). From an ethical point of view, this is a critical document since it represents the participant's explicit declaration that they understand all the relevant conditions of participation and voluntarily agree to take part. In all cases a consent form was signed, but this caused consternation for some participants, who felt that consent was part of the relationship/rapport-building and that verbal consent and attendance at the meeting should be sufficient. Ethics committees do allow for “recorded oral consent... under specific circumstances” and it may be an alternative that needs to be considered for future research.

## CRITICAL CHARACTERISTICS OF THE FACILITATOR

Working with Pacific communities requires an understanding of family dynamics, structures, status, and the roles of each individual within the family. In the Pacific view, “one's identity is more strongly embedded in and connected to your identification with who your family is rather than who you are as an individual” (Pulotu-Endemann et al, 2007, p30). When selecting a facilitator for each group, it is important to consider their age, gender, island group and family connections. In this instance they did not need to match precisely but the connections did need to be established before work could proceed. In addition to the personal credentials of the facilitator, it is important that they understand the *complexity of the relationship* between the participants and the *layering of the conversations*. For instance, do they relate to one atoll or village?, is there a mix of men and women, youth and adults?. When communities are small, time has to be taken for permission to be gained or given. Care has to be taken to maintain safety, particularly if people need to share their 'shaming' stories. In one instance, a high-status participant set the tone for the meeting by disclosing their own vulnerability, thus creating a safe space for others to do the same.

## MOTIVATION FOR PARTICIPATION

This varied and not everyone agreed to participate in the first instance because of concerns around alcohol consumption. One community was concerned about youth suicide and 'at-risk' behaviours and thought story-telling might be a way to develop a different relationship with their adolescents. Another group was also concerned about intergenerational communication (or lack of it) and saw the church as a way back to their culture, and in a third group the women were worried about their sons drinking in clubs. They felt these young men would come to less harm if they joined a kava group.

## THE MESSENGER ISN'T THE MESSAGE

This involved a fundamental shift in thinking for the facilitator and the participants. In a health system where the 'professionals' are the 'experts', it was an unfamiliar experience for participants to hold the power of change. Whilst the facilitator provided a safe environment for the stories to emerge and guided the process of story-telling, the story-tellers were responsible for the outcome.

## TIME AND TIMETABLING

Specifically, the intervention involved between one and 16 meetings (see Appendix 4). As often happens in any research project (particularly one involving 'human subjects'), the intention of the procedure and its result did not always match. Outlined here is the purpose of each meeting along with reflections from the researchers on the actuality of working with a community of people. It is written in such a way as to demonstrate the difference between what is planned and what happens in practice. The data represents a composite of experiences across a range of groups and does not relate to any one in particular.

**Meeting One: The prototype:** This is the first meeting with the community group. It occurs after all the preliminary consultation and negotiations have taken place with leaders or identified contacts. The purpose of this meeting is to provide the group with an overview of the project, introduce the researchers, work through the formalities of providing information, answering questions and gaining consent, clarify the role of the researchers and the evaluation team, and agree a time and date for the next meeting.

**Meeting One: The reality:** Two themes arose from this first meeting.

- The presence of 'elders' initially made it difficult for younger and 'lower status' participants to truly participate. The conversations were dominated by the elders who expected to speak on behalf of the community. Some group members felt so strongly about their 'silencing' that they did not want to be part of a group containing an 'elder'.
- The second issue was created by a lack of understanding of the process of 'story-telling' and 'space' for sharing. Although Pacific communities are grounded in 'oral' traditions, it was the specificity of this former task that generated uncertainty. The intervention required participants to move away from the familiar rituals and protocols of meetings that determine speaking rights and decision-making. The idea of having 'space' to speak was unfamiliar to some participants, and they struggled against generations of cultural tradition and practice to make their views known. Issues were addressed as they arose during this meeting, but by the time of the second meeting, the landscape had change considerably.

**Meeting Two: The prototype:** The purpose of this second meeting is again one of 'scene-setting', responding to points of clarification regarding the project, collecting signed consent forms and confirming times for ongoing meetings. Two new elements are introduced at this point: information on alcohol-related harm in Pacific communities and preparatory examples of story-telling that might help people to understand it as an effective intervention that enables them to gain control of and change their lives.

**Meeting Two: The reality:** This second meeting was dedicated to reiterating and resolving many of the issues that had been raised in meeting one. These included barriers to participation, particularly the presence of 'elders'. A new perceived barrier was the difference between sub-groups within an identified community. These divisions were along age, gender and geographical lines, with their different protocols and understandings of drinking alcohol leading to different explanations and solutions. Many of those who had attended the first meeting voted with their feet and did not return, significantly changing the make-up of the group. This has raised issues for the way in which groups are formed and how participants are brought

together. Accessing pre-formed and existing groups would ensure greater homogeneity of purpose and avoid some of the difficulties experienced.

**Meetings Three to Seven: The prototype:** These represent the 'work' of the intervention. Members of the research team work alongside the identified community to coach them in the process of story-telling and how this relates to people's 'life scripts'. These sessions are focused on experiential learning, with researchers modelling confidence- and trust-building for the community through their own story-telling. At this point the group 'closes off' to those members who commit to ongoing participation and no further people are introduced.

**Meetings Three to Seven: The reality:** The third meeting again began for some with changed participation. Members from the first and second groups were present and joined by new members. Many comprised a mixture of old and young, and levels of comfort with 'sharing' varied. In spite of this, a culture of sharing and respect developed with both being able to talk and listen. The group began to demonstrate that they understood the concept of 'narrative' as an intervention.

**Meetings Eight to 16: The prototype:** By this time the group is well established and familiar with the 'method' of narrative story-telling and the process of running meetings. At this stage the community group will open up membership. Gradual withdrawal of the research team will occur as the community group takes ownership of and confidence in the ongoing life of the process. An agreement is made to meet in three months and six months for follow-up.

**Meetings Eight to 16: The reality:** Communities responded differently as the formal 'research' phase of the intervention came to a close. For some (those who were already an identified group formed for other purposes prior to Le Ala), the intervention had been so successful that not only did they want to continue with the group but they also began to take their knowledge and skills to neighbouring communities. New leaders emerged and existing leaders took on new roles. At the other end of the continuum, some groups found the timing was not right for them. They were not in a place of readiness to explore the issue of alcohol consumption and its sequelae in their communities and felt forced by the intervention to confront them artificially. Others found the barriers identified in the set-up phase (convergence with other commitments, the presence of elders and/or authority figures) irreconcilable with the ongoing life of the group.

“Stories have a job to do. They can’t just lie around like lazybone dogs. They have to teach you something.” (Jones, 2006, p75)

An intervention in therapeutic terms is usually something that involves an intermediate agent interceding to bring about change. Mainstream services offer a range of interventions on a continuum from ‘brief’ to ‘substantive’. A brief intervention (Hulse, White & Cape, 2002) might be part of a general consultation in a primary care setting (for example, a doctor’s surgery or health clinic) and be of five to 30 minutes’ duration, with the aim of reducing drug/alcohol-related harm. It is structured and focused and may involve ‘feedback’ on the risk of impairment of current alcohol and drug use, emphasising personal responsibility for change, advice on how change might be accomplished, and a menu of options for achieving such change (Miller & Rollnick, 1991, pp32-33). This has been demonstrated to be successful in early-stage problem use. More substantive interventions might include residential treatment, pharmacotherapies (administration of prescribed drugs), psychological counselling and supported accommodation (Hulse et al, 2002). Cognitive behavioural therapy forms the basis of many interventions and “teaches patients to moderate their responses to their environment by improving social coping and problem-solving skills” (Hulse et al, 2002, p71).

The intervention in this case begins with the assumption that the impetus for change and solutions to ‘problems’ come from the people within Pacific communities. How does narrative story-telling translate into an intervention? The answer can be found in the analysis of bell hooks [the use of lower case is hers], a respected academic, writer, feminist and cultural theorist (hooks, 1990). Her thinking provides a fundamental challenge to the way we offer alcohol and drug services to Pacific communities in Aotearoa/New Zealand: “no need to hear your voice when I can talk about you better than you speak about yourself”. She goes on to assert, “only tell me about your pain. I want to know your story. And then I will tell it back to you in a new way” (hooks, 1990, pp151-152). She invites participants who “inhabit marginal space” to understand it as a place not of domination but resistance. A place where they can reclaim power over their own lives: “This is an intervention” (hooks, 1990, p152).

In order to follow the logic of an intervention based on story-telling, it is important to understand the genesis of the ‘stories’ that emerged in the course of the study. These stories have their origins in migration and settlement in contemporary New Zealand society. All New Zealanders claim a common bond with the archetypal journeyers and travellers of the past, whether it be “those people who trace their antecedents back through Western and Continental civilisations to the early Greeks” (Southwick, 2001, p34) and the stories of Odysseus or those who align with the myths and legends of Maui. A myth is a ‘sacred’ narrative that explains how something came to be as it is. In modern times, the meaning of a myth lies below the narrative surface and is detectable by close analysis of the narrative or story. Transformation takes place by the re-grouping of the narrative stories (Bullock & Trombley, 1988, p871).

“Journeying involves great danger and the possibility of annihilation (but) accepting the challenge to journey also opens up the possibility of new knowledge, and more significantly the possibility of self-knowledge” (Southwick, 2001, pp34-35).

It is this transformative possibility for the people of the Pacific communities living in New Zealand that lies behind the intervention of narrative story-telling.

Pacific ‘stories’ are tied into the history of colonisation, migration and the political management of these processes. The detail of this history is well recorded and outside the scope of this report, but just as the meaning of the myth lies just below the narrative surface, so does the complexity of how Pacific peoples came to be in modern Aotearoa/New Zealand and the way it influences their daily ‘being’. It is a story simultaneously of homogenisation and exclusion (Southwick, 2001, p44). The articulation of a small element of this lived experience, the relationship with alcohol, is the essence of this study.

## THEMES

In Theoretical Sensitivity, the qualitative theorist and writer William Glaser (1978, pp73-82) introduces the researcher to the concept of thematic coding. This is the means by which data from many hours of interviewing is systematised and aggregated to represent a common area of interest under discussion. Individual participants and their personal details are made anonymous and the collective insights are collated as they emerge from the conversations. The information is not processed through a predetermined framework and the researcher is not seeking to prove or disprove a hypothesis. A theme emerges as “structures of experience” (Van Manen, 1990, p79) and takes the form of:

- the experience of focus (what is the point?)
- theme formulation (a simplification giving shape to the shapeless)
- the intransitive (not things or objects)
- capturing the phenomenon (describes an aspect of the lived experience).

By interrogating each theme, ‘radicalised’ thinking and action flow from it (Van Manen, 1990, p154). Theme interrogation often follows a pattern:

1. What are the aspects of the theme?
2. How does the theme manifest?
3. What does the theme do?
4. How does the theme do what it does?
5. What is the significance of the theme?

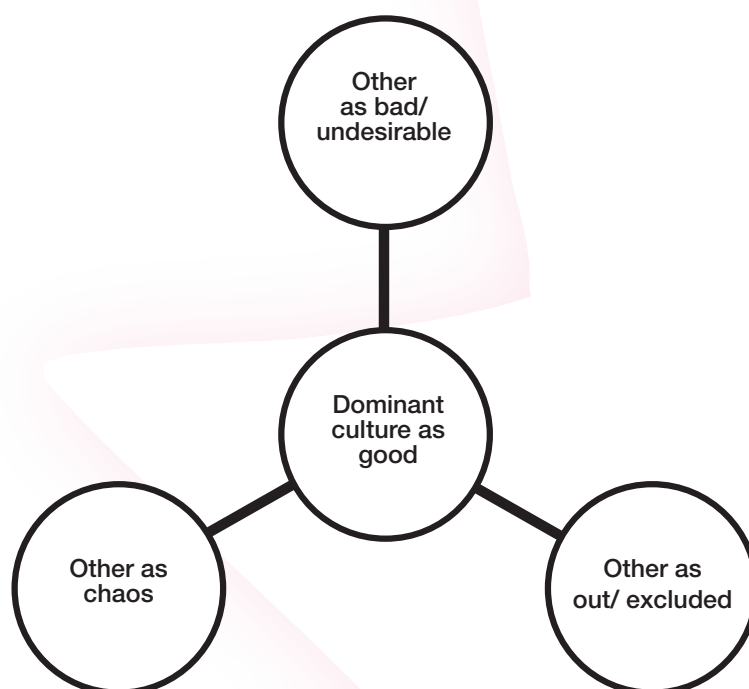
In this case, a number of themes emerged within and across groups. They included:

- culture of the particular group (for example, Samoan, Tongan)
- traditional versus New Zealand culture
- generational differences
- role modelling
- parenting
- gender responsibilities
- appropriate conduct when drinking
- the role of the church and its protocols.

Once the themes have been extracted from the data, life stories are reconstructed by “rendering visible the essential nature of the phenomenon and then filling out the initial description by systematically varying the examples” (Van Manen, 1990, p171). Each variation illuminates some essential aspect of the nature of the phenomenon. It is out of these phenomena that the archetypal stories are constructed.

## ARCHETYPAL STORIES

Thematically, the ‘stories’ provided by the participants can be elevated to an even higher theoretical level, and it is at this point that ‘archetypes’ begin to emerge. Part of any intervention has to answer the question ‘how do I belong?’ not ‘who am I?’. First to emerge were the *essential* ‘wounding’ stories that described ways in which people initially realised that they didn’t belong. A theory of marginality helps to explain the relative positioning between the dominant culture and ‘Pacific’ culture, and how people are defined as different. Diagrammatically it may be represented thus:



## THE WOUNDING STORIES

One of the ways the dominant culture knows itself is through the existence of ‘other’. The dominant culture becomes the standard against which all ‘other’ is measured.

Three archetypal narratives developed out of the wounding stories.

### 1. Smart Cookies

These are people (mainly women in their 30s) who have ‘integrated’, that is made it in both Pacific and Palagi systems and appear as outward successes. They have “degrees and good jobs” and are expected to set an example for younger siblings, not “put any shame on the family surname”, and fulfil the roles that have been laid down for them. There are rigid expectations on their behaviour and they are quick to notice the hypocrisy of their own parents in not applying those rules to themselves or their siblings. Younger members of the family seem to be able to drink and party with impunity. Many of them have fathers who regularly get drunk and they describe their mothers as “handmaidens” and “servants” who loyally protect their husbands and refuse to allow any scrutiny or criticism of these behaviour. These women are often unmarried at age 30 or have partnered out of the culture. This creates further pressure from traditional families who are



concerned about non-Pacific partners not understanding the culture and the responsibilities of a husband to the family (in particular, ongoing financial contributions) or the ultimate indignity of an unmarried daughter not producing grandchildren.

Struggling with disparate demands and expectations, this group asks “how can I protect myself so people don’t know I’m a fraud, how can I stay courageous?”. What we don’t see is the internal conflict and turmoil they experience as they struggle to hang on to who they are in a world that demands they be something they are not. Drinking alcohol allows them to fill the void and maintain the pretence of success. The high-flyers experience the hypocrisy of intolerance towards their drinking while parents (particularly fathers) and younger siblings consume alcohol with impunity. A different set of rules is applied. They often didn’t start drinking until their late 20s but quickly learned to use alcohol as a way of mediating the competing demands and tensions in their lives. Frighteningly, in spite of all the publicity, these educated women have no idea about ‘upper limits’ for ‘safe drinking’ but assume that they probably drink more.

## 2. The Young Dudes

These are the Pacific youth who are usually New Zealand born, of mixed Pacific identity (that is, their parents are from different parts of the Pacific), haven’t made it in either world (Pacific or Palangi), have not achieved at school and are unemployed (or under-employed). They have stories of alienation, anomie and existential fear and pain. They feel disconnected or estranged from themselves, the society in Aotearoa/New Zealand, and the Pacific society with which their parents or grandparents identify. “You know our... culture is dwindling away and so is our language and I think a lot of the behaviour is due to that. Some can understand but they can’t speak and so they don’t want to go to church which has... Island sermons because they don’t understand.” This leads to departures from traditional churches either for non-Pacific churches or from religious communities and further separation from the community in which they grew up. According to Macpherson and Macpherson (2001) it was the hopes of the migrant parents that their New Zealand-born and -raised children would, through “exposure to the [Pacific] language in worship, become more familiar with the... language and world view”. However, as the participants of this study also found, “a number of children, uncertain of their ability, and lacking confidence in the language of their parents, found the experience daunting and were often uncomfortable in [this] setting” (Macpherson & Macpherson, 2001. p31). They feel they have little or no control over their own lives and powerless to effect change in a wider social context. Anomie has been adopted into sociological language by Emile Durkheim to “denote that condition which results from the disintegration of a commonly accepted normative code” (Bullock et al, 1988). Under these conditions, people lose their connection with and anchor in society. Alcohol offers the promise of filling the void, connecting one with like-minded others, and numbing the pain created by this lack of belonging.

For the ‘Young Dudes’ (both male and female) alcohol is the norm. Alcohol consumption is more likely to be combined with drug-taking (in particular marijuana) than for the other groups. Regular drinking is occurring at a young age (14 years) and is an important aspect of group activity. Young people who drink on their own are seen as “saddos” and “real losers”. Stories from the early meetings about ‘drinking’ focused on the positive contribution of alcohol to the Young Dudes’ lives – the fun, the laughs and the ‘togetherness’. ‘Safety’ was a big issue for the young women and they had established a number of rules for themselves that ensured this. These included drinking in groups, only drinking with girls, making sure someone of legal drinking age bought the alcohol, “crashing” at each other’s houses at the end of drinking sessions and ensuring there was a ‘safe’ adult (usually an auntie) they could call if things went wrong.

However, as the meetings progressed, stories of alcohol as a catalyst for further problems (rather than the solution) began to emerge: spending more money on alcohol than they could afford, alcohol ‘black outs’ (not being able to remember all or part of a drinking occasion), fighting and physical abuse, sexual abuse (when drunk), bullying others who seemed more vulnerable, and drinking and driving (leading in one case to death). Young people with no criminal history were now coming into contact with the law through drinking

and driving, drug use, underage drinking and violence. Some of the school-age 'Dudes' were beginning to truant and were coming to the attention of the authorities in this way. However, it must be remembered that their drinking and consequent issues are not particular to Pacific youth, but reflect a more general picture of drinking in Aotearoa/New Zealand (ALAC, 2006). Beyond the 'normative' drinking of youth, some explanations of this style of drinking may be found in the suicide literature (Collings and Beautrais, 2005, p12). From his seminal work *Le Suicide*, Emile Durkheim (1897) described 'anomic' suicides as those that tend to occur among individuals who are insufficiently regulated by society. They may have suffered recent and sudden life difficulties or stresses that disrupt or sever their links with society. In a more recent exploration of psychological theories of the aetiology of suicide, Shneidman (1985) identified 10 common features. Those that might apply to the participants in this study include:

- wanting to stop mental pain and anguish
- suffering intolerable psychological pain
- frustration at not having some of life's basic needs met
- hopelessness about life and the future, and feeling helpless to do anything about it
- constricted, limited options
- lifelong poor coping patterns that tend to be self-destructive.

### 3. The Old Hacks

These are the older men who have come to a world where they have no place. They have lost their roles as heads of their families, providers, mentors and leaders, and with that, their authority. As with the Young Dudes, consumption of alcohol appears to be both the problem and the solution. It fills the void but, in a cruel twist of fate, leads to a state of annihilation. Through its problematic use, destruction of both body and soul is complete. A study of suicide in Western Samoa (Bowles, 1995) following a rise in emigration rates to other countries (primarily New Zealand) found that:

“... a collective sense of hopelessness pervaded the group who remained, people who would otherwise have been regarded as being in their prime period for making a contribution to society but who considered themselves to be failures... Another possible explanation is the increase in alcohol consumption among those remaining, possibly related to the sense of purposelessness but providing a new context for social interaction”.

It may also be that these conditions of failure and purposelessness were replicated in the new country, Aotearoa/New Zealand.

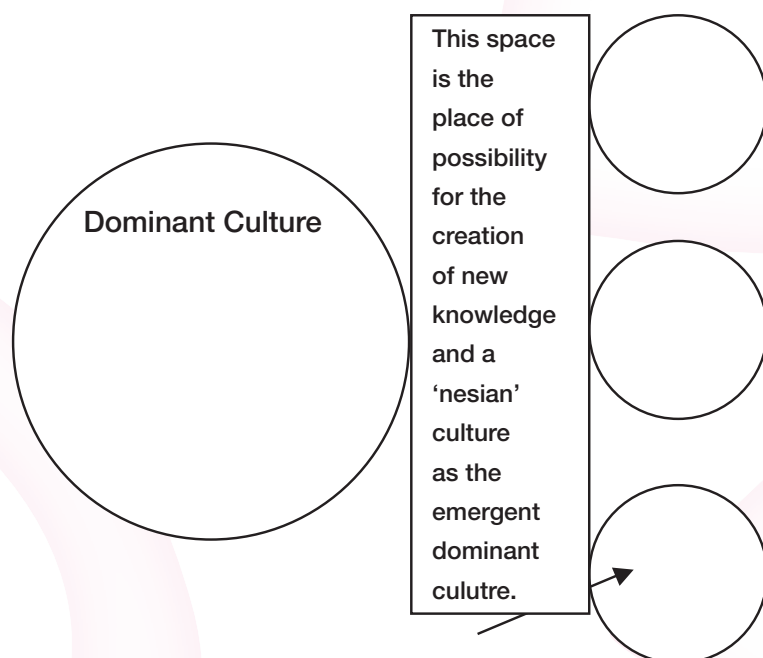
Much of the data about the men's drinking came from the women in their lives (wives and daughters). Although most of the men had made regular visits to the pub and had easy access to alcohol before marriage, their drinking was not seen as problematic until after marriage. It was at this point that it interfered with their responsibilities as husbands and fathers. The women felt that, prior to marriage, they had had no authority to comment on the drinking habits of their prospective partners (other than to give advice). However, with a change in the status of the relationship, the women felt able to be more directive. Problems lay in the amount of time the men were spending away from home drinking with their friends, and coming home drunk and starting fights and arguments. As children came into the family, finances grew tighter and choices had to be made between milk for the “kids” and beer for the husbands. This became the site for ongoing fights between husband and wife, verbal and physical abuse (directed at or witnessed by the children) and the negative effects of drinking rippling out into the extended family. As the children grew and began to experiment with alcohol themselves, the women's concern mounted as they saw their sons and

daughters repeating the patterns of their husbands. The mother, not alcohol, was seen as the cause of 'trouble' in the house when she failed to keep the peace between warring factions within the family.

## MOVING BEYOND THE 'WOUNDING' STORIES

As the meetings progressed, participants were encouraged to re-story their lives and move forward into the future with a new vision and a new range of possibilities. Identity journeys help people to move beyond the essential wounding. All new knowledge occurs at the margins of each community (the dominant culture and the Pacific culture).

An alternative conceptual model of the relationship between the dominant culture and Pacific communities is:



Much Pacific population health data used in public policy is not disaggregated. As a result, the population is treated as if it is a singular entity for which singular 'Pacific' solutions may be available. Some studies have suggested that there are a number of sub-populations within the 'Pacific population' that are increasingly distinctive and that have somewhat different characteristics. For a fuller exploration of this issue, see the Stocktake (Annandale et al, 2006, pp40-41). In the case of Pacific youth, "the conduct which puts them 'at-risk' is normative: they are surrounded by peers, family and friends who drink in the same ways and they have no reason to consider their drinking 'abnormal'". Their drinking is reflective of youth in general in Aotearoa/New Zealand. For others, whose alcohol-use patterns contradict their publicly held and expressed views, the admission that they are 'at risk' is difficult and can result in protracted self-denial. The socio-demographic characteristics of Pacific populations born and/or raised in New Zealand have been diverging markedly from those of the older overseas-born population for some time.

Some of these differences were highlighted early by demographers such as Richard Bedford (Bedford, 1985) and more recently by statisticians such as Cook, Didham and Khawaja (2001) in an important address to the Pacific Vision Conference. In a published version of that address entitled *The Shape of the Future: On the Demography of Pacific People*, Cook et al (2001) identified some of the emerging differences in patterns

of educational attainment, income and labour market distribution, spatial distribution, and reproductive trends within these sub-populations. More importantly, these demographers pointed to the fact that these differences between the sub-populations will grow rapidly as the currently young population cohorts come of age (Cook et al, 2001).

These differences are not simply demographic trends. They are reflected in shifting patterns of ethnic identification, particularly within the New Zealand-raised population (Bedford and Didham, 2001). This progressively more diverse pattern of ethnic identification and cultural orientation reflects the increasingly disparate ethnic backgrounds of the Pacific-descent population, which are the consequences of a sustained period of ethnic intermarriage between Pacific and non-Pacific people (Callister and Didham, 2007), the divergence of cultural orientations of Pacific migrant parents (Macpherson, 1999), the changing composition of New Zealand-born Pacific peoples' personal social networks (Maingay, 1995) and the growing numbers of Pacific peoples born, raised and educated outside Pacific enclaves (Statistics New Zealand 2006). All of these suggest an increasingly variegated New Zealand-born population that is on the edge of even more significant diversity.

Conversely, for the Samoan population at least, there is evidence of a new form of community developing, derived from "parental cultures and common experiences of, and social positions within, New Zealand society" (Macpherson, 2002, p71). These communities are characterised by "social integration (extensive and intimate attachments) and by moral integration (shared beliefs about morality and behaviour)" (Macpherson, 2002, p71). Traditionally, these communities were held together by kinship, religion, orientation back to the village and village membership, economic factors, and 'social forces' "that ensured that those who formed these concentrations were predisposed to accept and participate in activities that are the bases of... community" (Macpherson, 2002, p79). According to Macpherson (2002, p87), "the new and distinctive... community emerging among New Zealand-born Samoans is not simply an incomplete version of that of their parents". These people have started to reflect critically on the Samoan culture and society of their parents and question some of the central precepts and values that underpin the community of their migrant parents and grandparents. It was these new forms of thinking and identity that were most evident in the data of the youth who participated in the Le Ala project.

## **FROM SMART COOKIES TO HIGH FLYERS**

As the weeks progressed, the groups moved beyond the wounding stories into what they saw as the intervention. It was not a technique or a tool as we might think of in the traditional sense of 'counselling'. In fact, many of them claimed with pride that they didn't "actually know anyone of [their] friends or family that had ever had to go to counselling for their drinking". They saw this as a Palagi thing and said that, for them, it was "shameful if you don't know how to deal with it yourself". For these Pacific women, the solution lay in reconnecting with their 'culture' and traditions. This was not without its problems as many of them considered the relevance that church and tradition had in their lives. They were grappling with the issues first raised in the Stocktake (Annandale et al, 2006, p69) of a Pacific community undergoing rapid change in socio-demographic shifts that have implications for both patterns of alcohol use among 'Pacific peoples' and the interventions that may be necessary to mitigate these. The women thought it was important to take on the mantle of role model for the younger generation. They talked about the power of the 'group' as a change agent and developing ways of engaging with the changing world in which they live.

## **FROM OLD HACKS TO WISE OWLS**

The transformations for the men were often led by the women and frequently followed a full and frank discussion of their responsibilities as fathers and husbands. This sometimes resulted in abstinence from alcohol and a return to church with the rest of the family.



## FROM YOUNG DUDES TO VIKINGS OF THE SUNRISE

The concept of 'Vikings of the Sunrise' came originally from the writings of Sir Peter Buck (1938) and was used by Melani Anae (2001, p101) to describe "New Zealand-borns in the information age". 'Sunrise' was initially adopted by Buck as a metaphor for a promise of life, hope and new lands and a 'glorious heritage' from which adventures towards the sunrise had begun. More recently, Anae (2001) explored the current usage of 'sunrise' as a metaphor for the 'success' of Pacific peoples in their new land. She concluded that "New Zealand-born/raised Pacific peoples who have completed their identity journeys and have secured identities are the future navigators of our Pacific peoples in New Zealand" (Anae, 2001, p119). She argued that "they have learned to maximise their New Zealand-cosmopolitan and Pacific identities... using the Papalagi education, knowledge and skills they have acquired to serve their Pacific peoples – guided by the advice and knowledge of their elders" (Anae, 2001, pp119-120). Anae concluded that "it is this group that has the opportunities, the vision (traditional and virtual) and the entrepreneurial and leadership skills, and... is best equipped in this information age to be the new 'Vikings of the Sunrise'".

In spite of this optimistic outlook, the youth were the hardest to engage in this intervention and may require a more customised approach (see recommendations), but there is evidence in the literature (Macpherson & Macpherson, 2001, p34) that as "English-speaking young people resolved ethnic identity issues they were able to return to the church". Over time, in the course of an 'identity journey', the New Zealand-borns acquire a secure identity which is neither (Pacific) nor New Zealand. "This allows them to deal with more confidence with ethnic identity issues which in adolescence, and into their mid-20s, created a major personal dilemma" (Macpherson & Macpherson, 2001, p34).

## USEFULNESS OF THE ARCHETYPAL STORIES TO THE INTERVENTION

Mythos and logos were traditionally regarded as complementary ways of arriving at the truth in a society, and each had its special area of competence. Myth was regarded as primary; it was concerned with what was thought to be timeless and constant in our existence. Myth looked back to the origins of life, to the foundations of culture and to the deepest levels of the human mind. Myth was not concerned with practical matters, but with meaning (Armstrong, 2004, pxiii). It is important for us to find meaning and significance in our lives and the mythos of a society provides us with a context that allows us to make sense of our day-to-day lives; it directs our attention to the eternal and the universal. Mythological stories (of which archetypes are central) are not intended to be taken literally, but they do become a 'reality' when they are embodied in rituals and ceremonies (Armstrong, 2004, piv). A modern example of the role of narrative in conveying culture can be found in the extensive use of fagogo, or moral tales, in Samoa (Moyle, 1981). These are typically told to children in the evenings to carry cultural messages, and include the widespread use of parables from the Bible that are commonly used in moral and social education. These are powerful tales that carry influential messages without naming individuals who are at the root of the issues that lead to the recounting of the tales. One reason why these narratives are valuable is that, in a very small society, it is often risky to convey messages in detailed accounts that name people directly, lest these get back to others who are implicated and endanger the all-important personal relationships that hold small societies together.

Powerful counter-narratives have also been created through story by contemporary writers such as Albert Wendt and Sia Figiel, in which they criticise elements of Samoan society with which they are unhappy. In a sense these are narratives that are used to expose some dimensions of issues, such as gender relations, the exploitation of political power and corruption, which are at the centre of Samoan society and which are difficult to raise in a small society in which you have to live.

The type of narrative intervention in this study takes advantage of the fact that there is already an ethos of cultural change through the use of myth, archetypes and story-telling in Pacific communities. 'Narrative'

This is an innovative study that not only designs and tests a community-based intervention to minimise harm from alcohol use in the Pacific community, but also forms a baseline of data for future narrative-oriented health promotion projects. It is a method and methodology that has worked particularly well with Pacific peoples but could be expanded to include other kinds of community that link people through ethnicity or culture (whether that be youth culture, sports or any issue that brings people together through common interests). There were a number of key characteristics of the intervention that made it more effective for Pacific peoples than other interventions aimed at minimising harm from alcohol. These include:

1. a focus on prevention rather than treatment: consistent with the recommendations of the Stocktake, this approach broadens the eligibility and access of Pacific peoples to prevention/intervention to minimise alcohol-related harms
2. targeting the community, not individuals, and in particular, specific communities (as identified by themselves). Pacific communities are not an aggregated whole for which a single 'Pacific' solution is appropriate. This approach allows sub-populations with increasingly different characteristics to explore the issues that are particular to them
3. Pacific involvement at every level: the project had a Pacific lead researcher, project manager, researchers, translators, editor and advisory board. It was the fact that it was driven by Pacific personnel that gave it credibility with the wider Pacific community
4. the nature of the engagement: participants were being invited to tell their stories to their 'own', not to an outside 'other'
5. the focus on social organisation: what underpins mainstream research is the notion of a contract that is not of a Pacific worldview. The reciprocal nature of Pacific relationships made recruitment slow, but it was also what made it work. When considering reciprocal responsibilities, the participants were able to consider "what am I going to get?" and "what do I need to give?". "What is the ongoing nature of my commitment?"
6. an inclusive agenda: most groups chose to put the issue of alcohol-related harm into a broader milieu of concerns that were affecting the community, with alcohol being part of a wider matrix. Although we were looking to minimise alcohol-related harm, the approach was solution focused, not problem saturated.

There were a number of issues that were raised throughout the project and lessons learned. These will be discussed as they arose (not necessarily in order of importance).

## **Project management**

For a complex project like this to succeed, it requires the cooperation and coordination of a great many people. It has been useful from the point of view of the research team to meet regularly with the funders and advisory board, and to have that part of the project led by the HRC. There were some initial problems within the Le Ala group, brought about by lack of clarity of the roles of project manager and lead researcher. A solution was negotiated with the assistance of the HRC and the roles were separated out, with the lead researcher taking responsibility for managing the research team and the project manager the financial and reporting requirements. Within the research team, individual skills were matched with the tasks of a multi-phase, multi-site project (see 'Role allocation'). The vision, methodological and theoretical approaches were those of the lead researcher.



## **Mindset**

This is not a research project or intervention in the conventional academic or clinical sense. What is traditionally thought of as the data-collection phase (the interviews) is also the intervention. It requires a change in thinking away from the individual to community as the site for transformation. The strength of the project lies in the intervention as the forum for negotiating cultural change.

## **Role allocation**

In order for a project to be successful, there are a number of roles that have to be competently filled. One of the most important of these is facilitation. Facilitators need the skills of clinicians/therapists, without their clinical 'hats'. They require a firm understanding of 'narrative' story-telling as a tool for deconstructing 'problems'. Once influences have been mapped according to each individual (or community), the facilitator needs to be able to guide them in a process of re-storying their lives, moving forward into the future with a new vision and a new range of possibilities. The facilitators chosen for this project represented a range of cultural, academic and clinical backgrounds (with some having all three). Although not formally part of the research team, community representatives often took on a 'brokering role' between their communities and the research project. Each researcher had a coordination role based on their geography (Auckland, Wellington and Christchurch). However, when the researcher in Christchurch pulled out, this role was picked up by the Wellington-based researcher. This made community engagement more difficult as they were not as familiar with the networks in the area and had to carry out much of the organisation by phone and email. Transcription of recorded narrative sessions was carried out by both the facilitators and transcribers who were contracted for the purpose. Those groups that were conducted in indigenous languages had to be translated into English for thematic analysis. Translation is a highly specialised task and was carried out by trained interpreters. Data analysis and document writing were carried out by someone who was contracted specifically for the task.

## **Recruitment**

This was carried out by the researchers/facilitators. A prerequisite to the recruitment of Pacific participants is rapport/relationship-building. It was a time-consuming process (a minimum of three months), facilitated (or inhibited) by the existing networks (or lack of) of the facilitators involved. Where facilitators had good connections into communities, and where groups already existed, recruitment was relatively straightforward. However, recruitment in less familiar territory was slower and often began as a rapport-building exercise with one known community member. Any efforts to hasten or circumvent the process were met with resistance and refusal.

## **Consent**

There was a tension between the requirements of ethics committees for written consent and the communities that felt that consent was given by their very attendance at meetings.

## **THE STORIES**

Whilst the stories form a captivating document on their own, we gave a really clear undertaking to the participants that no individual would be identified. To achieve this, the researchers carried out a thematic analysis of the material gathered (this process is described earlier in the document). What we hadn't anticipated was how easily communities might also be recognised and the need to further de-identify the data. This involved the removal of all but the most generic of quotes and a heavy reliance on explanatory text to convey the ideas and sentiments.

## ACHIEVEMENTS OF THE PROJECT

Appendix 7 provides a formal evaluation of the intervention phase (James & Mara, 2008), covering the issues in a systematic and comprehensive way. However, it is worth noting some of the intended and unintended outcomes of the project here.

Whilst there was a clear focus on alcohol and alcohol-related problems in the proposal and implementation phases, these were not what always brought communities into the project. Some responded to the request to participate and worked within the agenda of the intervention. However, others (usually groups and communities that had already formed around existing interests and commitments, such as the church) took the opportunity to broaden the mandate of the research to include issues with which they were currently grappling (such as youth suicide and violence). One of the phenomena we had underestimated in setting up and conducting the story-telling groups was the mediating role of the women. In all the groups (except the men's group), the organisation and story-telling relied on the middle generational women. In so many ways they are the key group for mediating between the old men and the youth. Often, it was their courage in starting to tell their own stories that opened it up for others to also tell their stories. One of the key issues for them was concern about the widening intergenerational schism between elders and youth, traditional and modern, Pacific raised and New Zealand raised. Although this project allowed for some intergenerational reconnection, they expressed disquiet about older styles of leadership losing their 'power' and new models not yet proven or not particularly positive adaptive strategies. This is alluded to in the 'Vikings of the Sunrise', but further investigation into leadership styles is the subject of future studies.



## KEY ISSUES

Many of the facilitating and inhibiting factors in this long-term project are discussed in detail in the evaluation report (James & Mara, 2008) in Appendix 7. Some of the issues arose out of the setting-up phase of the project; others came out of the intervention itself:

1. Personnel: This is a project for which success depended on a large number of people coming together as a virtual and actual team over a period of more than three years. As inevitably happens in this length of time, people moved on and others came in to take their place. Disruptions occurred at critical junctures and the recommendations are around how they might be handled differently:
  - a. Early work for the project had been done by two key personnel who subsequently withdrew. One of them was to have been the holder of the contract. We believe that the process should have been re-conceptualised at this point and included a discussion with all stakeholders about where the contract should sit.
  - b. Failure to develop clarity and consensus on this fundamental issue was compounded by a lack of role clarity. Our recommendation is that the business executive and the lead researcher jointly manage the project; in this way the financial and personnel issues do not become confounded. The research team members report to the lead researcher, who manages the research process, while the business manager ensures that the financial and contractual obligations are met.
2. Recruitment of study participants: This was slow and took much longer than anticipated. In hindsight, it was too difficult to set up a group for the specific purpose of our 'intervention', and the groups that worked well were those that had already formed in communities. The ethical requirement of using an 'intermediary' to negotiate the research opportunity (that is, keeping a distance between the researcher and the potential participants so they did not feel coerced) ultimately disabled the community and rode rough-shod over the traditional rules of responsibility and obligation. A budget needs to be allocated to the recruitment of an appropriate sample of participants. This needs to be built into the tendering and ethical approval processes as a legitimate and necessary part of any research with Pacific communities.
3. Obtaining written consent has been raised as an issue within this report. Our recommendation is that future applicants for research with Pacific communities avail themselves of the provision for 'recorded oral consent' as a way of easing the path of potential participants into the study.

# RECOMMENDATIONS

- Future narrative-based, qualitative research projects be considered for funding along with more traditional quantitative/epidemiological studies.
- A portion of the funding budget be allocated to the recruitment of subjects (and include an allowance for food, travel and a venue).
- A portion of the funding budget be allocated to translation and the consultation process that accompanies it.
- A minimum period of three months be set aside for recruitment.
- Participants be recruited from groups that have formed for other purposes (unless there is a clear agenda for targeting populations that are not currently engaged with any organised activity).
- Consideration be given to invoking the ethics committee provision for 'recorded oral consent' (as an alternative to written consent) when researching Pacific communities.
- A separate project be developed to collect and publish Pacific stories around alcohol use and successful strategies to minimise harm to the community.
- A toolkit and workbook/training package be developed to support future researchers/community workers in carrying out narrative interventions.
- A separate youth-focused intervention be developed and funded with a focus on a range of issues including alcohol, drugs, youth violence and youth suicide.



## REFERENCES

Alcohol Advisory Council of New Zealand. (2005). *Media release*. Retrieved from [www.alac.org.nz/MediaRelease.aspx?PostingID=3111](http://www.alac.org.nz/MediaRelease.aspx?PostingID=3111) (19 June 2006).

Alcohol Advisory Council of New Zealand. (2006). *The Way we Drink*. ALAC Occasional Publication No. 27.

Anae, M. (2001). 'The New "Vikings of the Sunrise": New Zealand-borns in the information age' in Macpherson, C., Spoonley, P. & Anae, M. *Tangata O Te Moana Nui: The evolving identities of Pacific peoples in Aotearoa/New Zealand*. Palmerston North: The Dunmore Press, pp101-121.

Annandale, M., Macpherson, C., Richard, T. & Solomona, M. (2006). *A Stocktake of Pacific Alcohol and Drug Services Interventions*. Alcohol Advisory Council of New Zealand, Health Research Council of New Zealand, and the Accident Compensation Corporation. Wellington.

Armstrong, K. (2004). *The Battle for God. Fundamentalism in Judaism, Christianity and Islam*. Harper Perennial. Hammersmith. London.

Bedford, R. (1985). 'Immigrant and locally born Pacific Island Polynesians: Two populations?' *New Zealand Geographer*, 41 (2): 80-83.

Bedford, R. & Didham, R. (2001). 'Who are the "Pacific Peoples"?' Ethnic identification and the New Zealand Census' in Macpherson, C., Spoonley, P. & Anae, M. *Tangata O Te Moana Nui: The evolving identities of Pacific peoples in Aotearoa/New Zealand*. Palmerston North: The Dunmore Press, pp21-43.

Blackburn, S. (1996). *The Oxford Dictionary of Philosophy*, Oxford: Oxford University Press.

Bowles, J.R. (1995). 'Suicide in Western Samoa: an example of a suicide prevention programme in a developing country' in Diekstra, R., Gulbinat, W., Kienhorst, I. et al. (eds). *Preventive Strategies on Suicide*. Leiden: EJ Brill.

Buck, P. (1938). (Ti Rangi Hiroa). *Vikings of the Sunrise*. Christchurch, Whitcombe and Tombs.

Bullock, A. & Trombley, S. (eds). (1988). *The Fontana Dictionary of Modern Thought*, Glasgow: Fontana Press.

Callister, P. & Didham, R. (2007). 'Some emerging demographic and socio-economic features of the Pacific population in New Zealand'. Paper prepared for *Thought Leaders Dialogue - With the Pacific... About the Pacific*, Auckland 30 and 31 August 2007.

Caputo, J.D. (1987). *Radical Hermeneutics. Repetition, Deconstruction and the Hermeneutic Project*. Bloomington and Indianapolis: Indiana University Press.

Collings, S. & Beautrais, A. (2005). *Suicide Prevention in New Zealand: A contemporary perspective*. Wellington: Ministry of Health.

Cook, L., Didham, R. & Khawaja, M. (2001). 'The shape of the future: On the demography of Pacific Peoples' in Macpherson, C., Spoonley, P. & Anae, M. *Tangata O Te Moana Nui: The evolving identities of Pacific peoples in Aotearoa/New Zealand*. Palmerston North: The Dunmore Press, pp44-65.

Denzin, N. & Lincoln, Y. (2005). 'The discipline and practice of qualitative research' in Denzin, N. and Lincoln, Y. (eds). *The Sage Handbook of Qualitative Research*. Thousand Oaks: Sage Publications.

Durkheim, E. (1897). *Le Suicide*. The Free Press reprint 1997.

Durkheim, E. (1951). *Suicide: A study in sociology*. Translated by JA Spaulding, G Simpson. New York: Free Press.

Fawcett, S., Francisco, V., Shultz, J., Nagy, G. & Berkowitz, B. (2000). '*The Community Tool Box: An internet-based resource for building healthier communities*'. *Public Health Reports* (115), 274-278.

Figiel, S. (1996). *Where We Once Belonged*. Auckland. Pasifika Press.

Freeman, J. & Combs, G. (1996). *Narrative Therapy – the Social Construction of Preferred Realities*. New York: W.W. Norton & Co.

Glaser, B. (1978). *Theoretical Sensitivity: Advances in the methodology of grounded theory*. Mill Valley: The Sociology Press.

Hooks, b. (1990). *Yearning: Race, gender and cultural politics*. Boston: South End Press.

Hulse, G., White, J. & Cape, G. (eds). (2002). *Management of Alcohol and Drug Problems*. Melbourne: Oxford University Press.

James, B. & Mara, D. (2008). *Evaluation of Story Telling Phase: Le Ala Searching for Pacific Solutions: A community-based intervention project*. Alcohol Advisory Council of New Zealand, Health Research Council of New Zealand, and the Accident Compensation Corporation. Wellington.

Jones, L. (2006). *Mr Pip*. Auckland: Penguin Books.

Jung, C. (1963). *Memories, Dreams, Reflections*. (R&C Winston translators) New York: Vintage Books.

Laverack, G. (2004). *Health Promotion Practice: Power & empowerment*. London: Sage Publications.

Lima, I. (2004). *Tafesila'i: Exploring Samoans' alcohol use and health within the framework of Fa'asamoa*. Unpublished PhD thesis in Sociology, University of Auckland.

Macpherson, C. (2001). 'One trunk sends out many branches: Pacific cultures and cultural identities' in Macpherson, C., Spoonley, P. & Anae, *Tangata O Te Moana Nui: The evolving identities of Pacific peoples in Aotearoa/New Zealand*. Palmerston North: The Dunmore Press, pp66-80.

Macpherson, C. (2002). '*From moral community to moral communities: The foundations of migrant social solidarity among Samoans in Aotearoa New Zealand*'. *Pacific Studies*, 25, (1&2): 71-93, March-June.

Macpherson, C. & Anae, M. (2008). 'The small ministry with the large reach: Using relationships to extend organisational capacity', *Kotuitui: New Zealand Journal of Social Sciences Online*, 3, (1), June 2008.

Macpherson, C. & Bedford, R. (1999). 'The social, economic and demographic roots of transformation of social organisation and identity in Pacific migrant enclaves in Aotearoa', paper presented at the Out of Oceania Conference, University of Hawaii, Honolulu, October.

Macpherson, C. & Macpherson, L. (2001). 'Evangelical religion among Pacific Island migrants: New faiths or brief diversions?' *Journal of Ritual Studies*, 15, (2) 27-37.

Maingay, S. (1995). *The Social Mobility, Identity and Community Networks of Second Generation Pacific Islanders in Auckland*. Unpublished MA Thesis in Sociology, University of Auckland.



Miller, W. & Rollnick, S. (1991). *Motivational Interviewing: Preparing people to change addictive behaviour*. New York: The Guilford Press.

Ministry of Health. (2004). *Pacific Drugs and Alcohol Consumption Survey 2003. Final Report, Volume 1*. Wellington: Ministry of Health.

Monk, G., Winslade, J., Crocket, K. & Epston, D. (eds). (1997). *Narrative Therapy in Practice – the Archaeology of Hope*. San Francisco: Jossey-Bass Inc.

Moyle, R. (1981). *Fagogo. Fables from Samoa in Samoan and English*. Auckland, AUP.

Patton, M. (1990). *Qualitative Evaluation and Research Methods*. California: Sage Publications.

Pulotu-Endemann, F.K., Suaali'i-Sauni, T., Lui, D., McNicholas, T., Milne, M. & Gibbs, T. (2007). *Seitapu: Pacific mental health and addiction cultural & clinical competencies framework*. Wellington: National Centre of Mental Health Research and Workforce Development.

Shneidman, E. (1985). *Definition of Suicide*. New York: Wiley.

Siataga, P. (2001). *The Church and Alcohol Related Harm*. A background discussion paper prepared for the Alcohol Advisory Council of New Zealand. Unpublished report.

Southwick, M. (2001). *Pacific Women's Stories of Becoming a Nurse in New Zealand: A radical hermeneutic reconstruction of marginality*. Unpublished PhD Thesis, Victoria University of Wellington.

Statistics New Zealand website <http://www.stats.govt.nz/census/default.htm>. Retrieved at 12.02pm 20 July 2008.

University of Auckland Human Participants Ethics Committee Guidelines, [www.fmhs.auckland.ac.nz/faculty/research/humaneth.aspx](http://www.fmhs.auckland.ac.nz/faculty/research/humaneth.aspx). Retrieved 11.08 20 July 2008

Van Manen, M. (1990). *Researching Lived Experience: Human science for action sensitive pedagogy*. New York: State University of New York Press.

Warren, H., Kirk, R. & Lima, I. (2006). *Alcohol Community Interventions and Services for Pacific Peoples – Literature Review*. Alcohol Advisory Council of New Zealand, Health Research Council of New Zealand, and the Accident Compensation Corporation.

Wendt, A. (1974). *Flying Fox in a Freedom Tree*. Auckland Longman Paul.

Wendt, A. (1992). *Black Rainbow*. Auckland. Penguin Books.

White, M. (2000). *Reflections on Narrative Practice*. Adelaide: Dulwich Centre Publications.

World Health Organization. (1986). *Ottawa Charter for Health Promotion*. Retrieved from [http://www.who.int/hpr/NPH/docs/Ottawa\\_charter\\_hp.pdf](http://www.who.int/hpr/NPH/docs/Ottawa_charter_hp.pdf) (26 June 2008).

## APPENDIX 1: INTRODUCTION TO THE PROJECT - FIRST MEETING

Welcome: Dr Margaret Southwick/Moana Solomona

Introductions: Attendees invited to introduce themselves

Karakia: MS invite someone to open the meeting with a prayer

### **A brief introduction to the project.**

This is a research with two major aims

1. Establish and support a number of Pacific Community groups to develop and sustain a community intervention project
2. Work with the researchers to develop a self-help intervention that will be acceptable and accessible for their own community members who need to address harm-causing behaviours through the misuse of alcohol, drugs and other compulsive behaviours such as gambling

### **The project has 4 major phases:**

#### Phase 1:

The completion of a major literature review that looked at research relevant to Pacific communities. Looked at prevalence, demographics, current clinical best practice and evidence of international best practice as it relates to communities in similar socio-economic situations as Pacific communities within the New Zealand context. (Dr Helen Warren, Dr Ray Kirk, Dr Ieti Lima, Philip Siataga)

#### Phase 2:

A community dialogue phase that had two aspects to it. The first involved community meetings that announced this project and invited feedback at a very early stage in the development of the method. The second involved a systematic review of all current service providers to get a sense of what alcohol and drug services are being offered to Pacific peoples, how effective they were, how accessible and how culturally appropriate. (Magila Annandale, Moana Solomona, Ta'i Richard)

#### Phase 3:

This is the most important part of the total project and involves designing an intervention model with Pacific communities putting the theory into practice and evaluating just whether or not the model works. This phase has two parts that are closely linked, the intervention and the evaluation. (Dr Margaret Southwick, Dr Ieti Lima, Moana Solomona for the intervention stage and Dr Bev James for the evaluation aspect)

#### Phase 4:

Complete the report of the whole project including the evaluation and submission to the funders. Dissemination of findings back to the communities, Government agencies and research communities.

Pause here for any questions.

There are a number of pieces of paper I need to go through with you and then I want to come back and look at the project in a little more detail so you know just what you might be letting yourselves in for.

Project Information Sheet

Consent Form

Fieldwork Protocols

Evaluation Forms

Meeting Schedule

# APPENDIX 2: PARTICIPANT INFORMATION SHEET

## A Community Action Project

### Information about this project

**Title of the study:** Developing participatory knowledge communities. Searching for 'Pacific' solutions: a community-based intervention project.

**Introduction:** You are invited to take part in this community project which wants to explore if there are better ways for Pacific peoples to help themselves and others manage their use of alcohol in ways that cause less harm to self, family and community. While Pacific peoples' overall use of alcohol is less than for other groups in New Zealand, some practices such as binge-drinking is reportedly very high. It also seems that the harm caused by the misuse of alcohol is also very high in Pacific communities. This project is aimed at seeing if Pacific communities, working with the research team, can develop strategies that best suit Pacific peoples. The ultimate goal of this project is to improve the effectiveness of community alcohol interventions and services for Pacific peoples in order for them to achieve their maximum health and well being.

### The project will be managed in three stages

The first stage is a consultative process to inform the community of the project and to get your feedback.

The second stage provides an opportunity for those interested in working with the research team in small focus groups to explore all the issues surrounding our use of alcohol, (how we drink, why we drink, when we drink, how much we drink), what the cost of this drinking is to ourselves as individuals, our families and our communities and where we agree this causes us harm, find ways of changing that as Pacific peoples we might find useful.

The third stage of the project will invite those who self identify a need to change their use of alcohol to participate with the research team to implement some of the strategies developed in stage two and see if they make a difference.

You can choose to participate in any or all of these three stages, or you may decide not to have anything to do with the project.

### Who is in the research team?

The team leader is:

Dr Margaret Southwick (Tuvalu/Pakeha)

Dean of Faculty Whitireia Community Polytechnic, Private Bag 50910 Porirua.

Phone 04 2373103 ext 3890

Email: m.southwick@whitireia.ac.nz.

Other members of the team include:

Dr Ieti Lima Centre for Pacific Studies

Victoria University of Wellington

Post Office Box 600 Wellington

Phone 04 4637425

Email: leti.Lima@vuw.ac.nz,

Mr Philip Siataga  
Mob: 021 234 8814  
Email: psiataga@ihug.co.nz

Fresh Touch NZ Ltd. Will provide the project management support for the project.

Principal:

Magila Annandale  
120 Evans Bay Parade Wellington  
Phone: 04 384 8753  
Email: magila@freshtouch.co.nz

Please feel free to contact us at any time if you have questions about the project or wish to discuss any aspects of it.

This project is co-funded by the Health Research Council of New Zealand, the Alcohol Advisory Committee and the Accident Compensation Corporation.

### **Participant Recruitment**

Consultation meetings will be held in Auckland, Wellington and Christchurch to inform specific Pacific ethnic communities about the project. Invitations and details about date/time and venue will be communicated through Community radio and newspaper notices.

From these sessions we will be asking for people who would like to participate in the small focus group sessions to contact us. We will be aiming to set up the following groups to undertake stage 2 and 3 of this project:

- Auckland: 2 Samoan Groups
- 1 Tongan Group
- 1 Mixed Pacific Group (Open to any person who self identifies as Pacific)
- Wellington: 1 Samoan Group
- 1 Cook Islands Group
- 1 Mixed Group (Open to any person who self identifies as Pacific)
- Christchurch: 1 Samoan Group
- 1 Mixed Group (Open to any person who self identifies as Pacific)

### **What will Focus Group Participants be asked to do?**

The research team want to work with a small group (10 – 20 People) from your community who are interested in understanding the effects alcohol has on you, your families and your wider community, the harm it may cause and what help people can get when they experience harm either to themselves or to others. To explore what might be better ways of minimising the harm and to develop intervention strategies



that may be more culturally appropriate. The research team want to then work with you and your community to try and implement these strategies to see if they work.

Participating in a Focus group will require a considerable commitment from those of you who wish to participate. We think this is likely to involve a 2-3 hour meeting once a month for between twelve and eighteen months. At the end of the project, the focus group may choose to disband or it may choose to continue as a community group to continue to offer the interventions within their communities with the support of Pacific health service providers. These options will be explored with the group before the research team finishes its involvement with the group.

### **What will the intervention group be asked to do?**

This group will be made up of people who have been participants of a focus group and who identify for themselves that they have a problem with alcohol use and want to change that behaviour. Participants may choose a goal of abstinence or they may choose to understand their behaviour better with the goal of being able to minimise the harm alcohol has on their lives.

Using the focus group information as a basis, the intervention group along with the research team will design and trial different methods for changing your behaviour in relation to alcohol use and evaluate what the strengths and weaknesses of each method is.

Participating in an intervention group would require a person to commit to attending a weekly meeting of 2-3 hours for a period of 8-12 weeks.

A report of the success or otherwise of these interventions will be made in the first instance back to the focus group. This information will be presented in a generalised way about patterns, themes and trends without disclosing the success or otherwise for an individual to achieve their intervention goals.

**Title of the study:** Developing participatory knowledge communities. Searching for 'Pacific' solutions: a community based intervention project.

# APPENDIX 3 CONSENT FORM

## Participant Consent Form for the Community Focus Groups

(This consent form will be held for a period of five (5) years)

Please tick the box at the end of each statement that best describes your understanding.

I have read the Information Sheet explaining this project and have had the opportunity to have my questions about the project explained to me. My questions have been answered to my satisfaction and I know I can ask for more information at any time.

Yes  No

I agree to participate in a community focus group and understand that this will involve meeting monthly with the group for up to eighteen (18) months. I understand that I am free to withdraw from the focus group at any time during this period.

Yes  No

I understand that focus group sessions may be recorded for the purpose of gathering information for the research and these records will be held by the researchers until the final report for the project has been completed.

Yes  No

I understand that the data or information collected during this project is collectively owned by the focus group participants and will agree to abide with the groups collective decision about what will happen to this material at the end of the project.

Yes  No

I understand that I may be invited by the research team to participate in the 'intervention' stage of this project and I agree that I will consider that request when/if it is made. I understand that I will be asked to complete another consent form for that particular stage of the project.

Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

*Please Print*



# APPENDIX 4: MEETING SCHEDULE

## Meeting Schedule for the “Searching for Pacific Solutions Project. July 2006

This draft schedule will be discussed and agreed at the 1<sup>st</sup> meeting of the group.

### Meeting 1

- The research team will meet with the Community Group and provide an overview of the project, introduce themselves and go through the Information Sheet, the Consent form and the draft Fieldwork Protocols.
- The meeting will provide the Community people with a realistic understanding of what commitments the project will make on their time.
- Clarify the role of the researchers and the role of the Community Group and the Evaluation team.
- Agree a date and time for the next meeting.

### Meeting 2

- The research team will respond to any questions or points of clarification regarding the project.
- Collect the signed consent forms and the signed Fieldwork protocols.
- The Community Group will be informed of the Formative Evaluation process that is part of the research project and introduce the group to the evaluators.
- Set dates/ confirm times/ confirm the venue for ongoing weekly meetings.
- Meeting times will be limited to no longer than 2 hours each week.
- Reiterate the need for confidentiality will be further discussed.
- The research team will provide more in depth information about alcohol related harm within Pacific Communities, and other forms of harm arising from other addictive and or compulsive behaviours.
- Provide some initial examples of how ‘story telling’ may be an effective intervention that enables people to gain control in their lives.

### Meetings 3 - 7

- The Research team will spend the next 3-4 weeks working with the community Group to familiarise them with the process of ‘story- telling’, and how this process is related to people’s life scripts.
- These sessions will be experiential learning, relying on the researchers own ‘story telling’ in the first instance and including the community people as they develop confidence and build trust with each other.

### Meetings 8 – 16

- During this phase of the project, the Community Group will open the group to intervention participants who volunteer to participate.
- A negotiated process for the gradual withdrawal of the research team will occur as the community Group gain the confidence to maintain the process themselves.
- An agreement to meet at in 3 months and 6 months for follow up.

# APPENDIX 5: FIELDWORK PROTOCOLS

## Le Ala Project

### Searching For Pacific Solutions

#### Fieldwork Protocols

July 2006

This draft protocol has been developed by the Le Ala research team. It will be refined and agreed with each Pacific Community Group as they are recruited into the project. The over-riding principles that inform this protocol is that it is:

- a) designed to ensure the safety of the participants
  - b) culturally appropriate and acceptable to all of the participants.
1. The welfare and safety of the participants is paramount. This means a strict code of confidentiality will be maintained. Any breach of this requirement will result in a person's exclusion from the project.
  2. The research team and the community group will work collaboratively to achieve the best outcomes for participants.
  3. The research team and the community group will acknowledge their limitations and will not 'counsel' or 'treat' participants.
  4. Individuals who make up the Community Group understand that their participation is entirely voluntary and no payments or inducements will be made for their time.
  5. The research team will accept responsibility for any costs incurred in running the meetings (eg room hire, providing refreshments).
  6. The format of each meeting will follow whatever cultural protocols the group deems appropriate and necessary for their personal safety and well being.
  7. The research team accept it is their responsibility to ensure that at least one member of their team is a competent 1st language speaker for each of the specific Pacific ethnic groups enrolled in the programme.



## APPENDIX 6: TOOLKIT FRAMEWORK

Fawcett and colleagues (2000) developed a “community tool box: an internet-based resource for building healthier communities”. They developed a six-point nomenclature that involves:

1. understanding the community context (e.g., assessing community assets and needs)
2. collaborative planning (e.g., developing a vision, mission, objectives, strategies and action plans)
3. developing leadership and enhancing participation (e.g., building relationships, recruiting participants)
4. Community Action and intervention (e.g., designing interventions, advocacy)
5. evaluating community initiatives (e.g., programme evaluation, documentation of community and systems change)
6. promoting and sustaining the initiative (e.g., social marketing, obtaining grants).

The community tool box is not prescriptive in detail but does provide a basis for self-determination in diverse communities, and may provide this project with a framework for beginning to think about intervening with alcohol problems in the Pacific community.

### **PARTICIPANT DEMOGRAPHICS**

In all, seven story-telling groups were formed:

- Matua men’s group, mixed Pacific ethnicity, Auckland, with an average of 12 participants.
- Samoan young women’s group, South Auckland, with an average of 8-10 participants.
- Mixed Pacific women’s group, West Auckland.
- Samoan women’s church group, Auckland, with between 10 and 15 women.
- Tokelauan group, mixed adult and youth, Porirua, varying between two and 14 participants with an average of six to eight.
- Cook Island group, mixed adult and youth, Porirua, the least number of participants being two and the most 15. The most consistent attendances were from a group of church women who brought their adult daughters.
- Samoan young women’s group, Christchurch, with five or six regular participants.

## LE ALA – AN EVALUATION OF THE STORY-TELLING PHASE

20 June 2008

Prepared for Le Ala

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## EXECUTIVE SUMMARY

This report provides an evaluation of Le Ala, a community-based research intervention focused on minimising alcohol-related harm in Pacific communities in New Zealand. The evaluation focuses on the Story-Telling phase, the main component of the project. The Community Dialogue phase has been reported on separately.

The overall purpose of the evaluation is to provide independent feedback to the researchers and funders on the effectiveness of the Le Ala model, both in terms of its success as a community intervention and in terms of its research methodology.

Three methods of collecting data were followed:

- Use of researchers' data, documentation and reporting.
- Evaluator interviews or focus groups with participants (which took place mainly after the intervention had finished).
- Evaluator interviews with researchers.

### Project design and implementation

Le Ala combines a research approach with trialling a community-based intervention. The Le Ala research methodology was developed through a Pacific cultural lens. Key features of the research methodology have been:

- Incorporation of Pacific values and practices
- Establishment of relationships, trust and respect between researchers and the Pacific communities and participants in the research
- Researchers' personal commitment to and involvement in the project.

Pacific communities were engaged through a series of Pacific fono during Stage One of the project. In the Story-Telling phase, communities were engaged through Pacific networks and community leaders. Established protocols were followed at the initial setting-up of the groups, including the provision of information about Le Ala and the consent processes. Pacific cultural protocols and customs pertaining to each Pacific ethnic group were also used.

The implementation of the story-telling groups differed from what was planned, which demonstrated the unpredictability of working with communities to conduct research. Community-based research requires an extensive investment of time and relationship-building that includes establishing rapport and trust with community participants.

## Achievements

Le Ala has demonstrated considerable achievements. It has:

- Developed a useful model of engagement with Pacific communities
- Successfully raised awareness of alcohol issues affecting Pacific communities
- Provided opportunities for the participating Pacific groups and communities to begin to take some ownership of alcohol issues
- Functioned as a primary prevention intervention
- Revealed gaps in current public health promotions about safe drinking, in respect of their relevance to Pacific communities
- Opened up ways to generate new understandings between generations
- Contributed to some Le Ala participants changing, or at least questioning, their behaviours in relation to alcohol.

With regard to the success of Le Ala as a community-based intervention, it showed the importance of:

- Linking the intervention to an existing group structure or network
- Taking the time to build, and being patient about building, community engagement with the project
- Making a good match between the purpose of Le Ala and the interests of the community. This included ensuring that the intervention was relevant to and timely for the community
- Building group trust through the sharing of stories and experiences around alcohol use, while maintaining confidentiality
- Ensuring that the researchers established and maintained strong links with the intervention groups, including providing resources to support them
- Holding the group meetings in accessible and appropriate venues.

With regard to Pacific research methodology, Le Ala researchers demonstrated strengths and skills in:

- Building and maintaining strong links with Pacific communities
- Working through Pacific leaders, organisations and networks
- Including cultural relevance and responsiveness, including the use of Pacific protocols, within their research practice
- Employing Pacific communication processes and networks to gain support
- Working collaboratively with other Pacific researchers to lead the design and implementation
- Ensuring there would be cultural congruity for group participants with the Story-Telling approach of Le Ala through the use of the narrative methodology, which is compatible and empathetic with Pacific story-telling traditions and practices.



The time period of three years has been a challenging one, and Le Ala must be given credit for working in a diverse and complex area amongst socially and ethnically diverse communities. It is unrealistic to expect change in behaviour from a project in which the community intervention component operated for only a few months. Often the best that can be achieved within a relatively short timeframe are awareness- raising, providing support for wider discussion and laying down a foundation for community ownership of the issues, in this case in relation to the use of alcohol by Pacific communities.

### **Learnings from Le Ala**

There appear to be two key factors that stand out as being necessary for the sustainability of any community-based initiative such as Le Ala:

- Firstly, the use of existing groups or community networks, such as those within Pacific churches, appears to be necessary to the group's initial momentum and eventual sustainability. The story-telling groups that were established within such existing structures appear to be the ones most likely to continue. The surrounding supportive context, such as the church network or the ethnic community structure, provides an established social network of relationships within which groups can be sustained.
- Secondly, effective leadership is required to establish groups and ensure their sustainability. Most groups came together and stayed together because of the status, mana or trustworthiness of their leaders/facilitators. In this respect, it was critical that the researchers identified and worked with appropriate community leaders.

Further learnings from Le Ala are:

- Consideration of the appropriateness and applicability of the name Le Ala, which is Samoan, and concepts behind the name is an important aspect of engaging the community and gaining their ownership. The name was not strongly identified within other Pacific ethnic communities
- The composition of groups needs to be carefully planned. In some cases, the mixing of males and females in youth-focused groups was not successful
- For young people, the story-telling group structure and processes may not be as effective in engaging them as youth media and information and communications technology would be
- Clarity and consistency of feedback to groups about what will and might happen to their stories is needed. Also, the ownership of the participants' stories must be addressed from the outset and consistently communicated across all groups
- Processes for dealing appropriately with situations where the story-telling uncovers or discloses abuse or other serious personal crises, should they arise, need to be ready and available
- There need to be transparent, robust procedures for collecting, recording and reporting information about how the project is implemented and delivered. This has implications for the ability of the initiative to be taken up and used by communities
- Achieving effective working relationships between the funders, the project management and the research teams requires clearly understood lines of communication, areas of responsibility and processes of co-ordination.

## Support for Le Ala

Le Ala seems to have wide support among most of the Le Ala participants to whom the evaluators spoke. They indicated that they had a range of expectations around both the story-telling group process and what the outcomes of their taking part would be. Some saw the intervention as an awareness-raising process; some saw it as a support group; others saw it as a way of intergenerational sharing so that younger generations could understand their elders, and vice versa. Main highlights of their experiences in the story-telling groups included: the sharing of food, the friendship, the fun, the laughter, and thinking together about how to deal with drinking by parents or young people in their wider families. The groups provided an opportunity in a safe and trusting situation for people to offload burdens they might have been carrying around for a long time. Several people said that they liked working within a Pacific framework or approach.

Both participants and researchers acknowledged that Le Ala was a very challenging project that was trying out a new story-telling approach as a community intervention. It engaged Pacific communities with an issue, alcohol abuse, which has been hidden and not acknowledged or widely spoken about.

Despite the short timeframe, participants considered that Le Ala has had a positive impact because it provided resources and a timely platform for people to address issues of alcohol use and abuse that were of concern to them in their families and communities. Whilst the community impacts of Le Ala may be modest at present, both Le Ala participants and researchers believe that there is considerable potential for positive community impacts if Le Ala can be extended beyond the initial groups and communities and where Pacific communities receive further opportunities to take ownership of Le Ala.



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## ANNEXES

Annex 1: Handout to Story-Telling Groups

Annex 2: Meeting Template: Story-Telling Groups

Annex 3: Three- and Six-Month Follow-up

Annex 4: Overview Questions: Community Groups

Annex 5: Discussion Questions for Interviews and Focus Groups

Annex 6: Discussion Questions for Researchers

## 1. INTRODUCTION

This report provides an evaluation of Le Ala, a community-based research intervention focused on minimising alcohol-related harm in Pacific communities in New Zealand. The evaluation was conducted by two independent evaluators, Dr Diane Mara and Dr Bev James. The overall purpose of the evaluation is to provide independent feedback to the researchers and funders about the effectiveness of the Le Ala model, both in terms of its success as a community intervention and in terms of its research methodology.

This is an evaluation of the overall project, with a focus on the Story-Telling phase, the main component of the project. The Community Dialogue phase has been reported on separately<sup>1</sup>. This report covers the following:

- Chapter 2 outlines the broader context of the Le Ala research goals and approach.
- Chapter 3 describes the evaluation focus, method and key questions.
- Chapter 4 presents the key findings relating to implementation and delivery of the Story-Telling phase.
- Chapter 5 considers the achievements, effectiveness and impacts of the Story-Telling phase.
- Chapter 6 provides some concluding observations about Le Ala.

## 2. LE ALA GOALS AND APPROACH

The overall goal of Le Ala is to work with Pacific communities to develop evidence-based interventions that reduce the misuse of alcohol and other drugs<sup>2</sup>. Le Ala is an action research approach involving the development of relationships between groups in three Pacific communities and the research team, in order to gather information and seek community-based solutions to alcohol issues.

This three-year programme running from 2005 to 2008 was funded through the Health Research Council of New Zealand's (HRC's) Health Research Programme involving the Alcohol Advisory Council of New Zealand (ALAC) and the Accident Compensation Corporation (ACC).

Le Ala commenced with a review of relevant international and New Zealand literature pertaining to the effectiveness of different types of alcohol-related service and intervention<sup>3</sup>. Then community dialogue and communication with Pacific communities were conducted through fono with Pacific providers of alcohol and drug services and Pacific communities to engage them with Le Ala. The final phase of the project was to establish and run story-telling groups using the narrative method.

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1. Warren, H., Kirk, R., Lima, I. & Siataga, P. (2006). Alcohol Community Interventions and Services for Pacific Peoples, Literature Review. Wellington: Alcohol Liquor Advisory Council (ALAC), Health Research Council of New Zealand (HRC) and Accident Compensation Corporation (ACC).

2. Warren, H., Kirk, R., Lima, I. & Siataga, P. (2006). Alcohol Community Interventions and Services for Pacific Peoples, Literature Review. Wellington: Alcohol Liquor Advisory Council (ALAC), Health Research Council of New Zealand (HRC) and Accident Compensation Corporation (ACC).

3. Warren, H., Kirk, R., Lima, I. & Siataga, P. (2006). Alcohol Community Interventions and Services for Pacific Peoples, Literature Review. Wellington: Alcohol Liquor Advisory Council (ALAC), Health Research Council of New Zealand (HRC) and Accident Compensation Corporation (ACC).



The purpose of the Story-Telling phase was to raise awareness among participants of how their life stories are related to their behaviours. The narrative method involves the telling of a story around a 'problem', in this context the problem of alcohol. The researchers intended that story-telling would assist participants with:

- Sharing their own experiences
- Learning from others' experiences
- Identifying and developing workable and sustainable community-based approaches to reducing the misuse of alcohol and other drugs.

Throughout the Story-Telling phase, Pacific cultural practices of sharing stories were used to help participants make sense of their worlds. It was intended that, at the completion of the Story-Telling phase, participants would be asked what they would like to be done with the stories produced.

Originally a further Intervention phase was planned for Le Ala, in which interventions based on the literature review, community dialogue and story-telling would be developed, implemented and evaluated. This Intervention phase did not eventuate. Instead, the story-telling alone constituted an 'intervention', in that it was expected that participants would identify strategies to address alcohol issues. It was also anticipated that the narrative process would, in itself, generate ways of reducing the misuse of alcohol and other drugs through the development of a community group that engaged with the community to raise awareness and encourage behavioural change. In this respect, there was an aspiration that some of the groups established for Le Ala would be able to be sustained within the respective Pacific communities after the project ended.

### **3. EVALUATION FOCUS, METHOD AND KEY QUESTIONS**

Le Ala's purpose, outcomes and objectives were used as the evaluation framework. In particular, the evaluation set out to examine the extent to which the Story-Telling phase:

- Had a clear focus on the reduction of the misuse of alcohol
- Was culturally relevant and responsive
- Was practical and feasible
- Contributed to building community knowledge (e.g. identifying gaps in knowledge, enhancing understanding, capacity-building and empowering Pacific peoples to engage in research)
- Was able to establish sustainable community groups to take ownership of the project and engage with the community
- Had the potential to be taken up and implemented in other communities.

The evaluation also considered how Le Ala models and demonstrates research approaches that are informed by Pacific cultural perspectives, including:

- Acknowledging the diversity of cultures amongst Pacific peoples
- Acknowledging Pacific values
- Understanding the importance of participation and collaboration

- Using Pacific communication processes
- Using Pacific cultural protocols.

Overall, the evaluation was concerned with the effectiveness of the project. Effectiveness is about what works and what does not work. Looking at effectiveness helps providers and funders to identify what can be learned from the implementation of an initiative, particularly aspects that are workable, achievable, beneficial and able to be replicated.

Two components of effectiveness were considered in the evaluation: the effectiveness of the process, and the effectiveness of the Le Ala approach.

The effectiveness of the process is concerned with the implementation and delivery of Le Ala. This involves consideration of the practicality, feasibility, transparency and efficiency of the processes used to implement and deliver Le Ala, such as:

- Communication about Le Ala
- Engagement of communities
- Targeting of participants
- How groups were supported and maintained
- Delivery processes
- Collection, recording and reporting information.

The effectiveness of the approach is concerned with whether Le Ala is an effective approach for addressing alcohol issues in the Pacific community. This involves consideration of:

- Cultural responsiveness
- The appropriateness of Le Ala's methodology
- The relevance of Le Ala.

### 3.1 Evaluation method

The timetable for the evaluation was driven from the timetable for the implementation of the Story-Telling phase. The intent of the evaluation was to work alongside the research process and timetable, and to link with meetings of the story-telling groups so that the views of participants could be obtained. To accommodate the research process, the evaluation approach was amended to reflect changes the researchers made to their method and processes during the implementation of Story-Telling. Those changes included delays in getting the groups started and fewer group meetings being conducted.

Because of the complexities the researchers experienced in accessing the communities, recruiting participants and establishing the groups, there was insufficient time allocated for the evaluators to meet with each group early on to introduce themselves and explain the evaluation. An evaluator was only able to visit one group to explain the nature and purpose of the evaluation and to provide a handout outlining the evaluation (see Annex 1). For the other groups, the evaluators provided the researchers with handouts and asked that they introduce and explain the evaluation component to the participants. Furthermore,



although the evaluators proposed to observe some of the groups partway through their series of meetings, no opportunity was given for this to occur.

Accordingly, the evaluation method was amended to allow information to be gathered in ways that fitted with the project's delivery. Three methods of collecting data were followed:

- Use of researchers' data, documentation and reporting.
- Evaluator interviews or focus groups with participants (which took place mainly after the intervention had finished).
- Evaluator interviews with researchers.

Timing for the completion of this evaluation report was reliant on receiving researcher documentation and reports and achieving access to participants.

### **3.1.1 Researchers' data, documentation and reporting**

The range of information needs for the evaluation was discussed and agreed with the researchers in mid-2006 prior to the establishment of the community groups. A set of three templates was provided to the researchers to facilitate their gathering and reporting of the information requested (Annexes 2-4). The main data requested were concerned with the establishment and running of the groups, including:

- Processes used to recruit participants
- Details of the numbers and characteristics of group participants
- Any changes in the number and characteristics of meeting participants and reasons why
- Number of meetings held by each group
- Activities undertaken in meetings
- Any issues that arose and how they were dealt with
- Evidence of any changes relating to alcohol use as a result of the intervention
- How the stories would be used
- Any steps taken to assist the groups to continue
- Potential for the intervention to be replicated in other communities.

Not all the information requested was received in written form. Some of the questions covered in the templates were discussed in meetings with researchers. In addition, the following written information was received:

- Application for Ethical Approval.
- Monthly reports (nine).
- Handouts explaining Le Ala that were given to participants.
- Fieldwork protocols.

- Participant Consent Form.
- Meeting schedule.

### 3.1.2 Interviews and focus groups with participants

Interviews and focus groups with participants in the story-telling groups were conducted by the evaluators to find out about participants' satisfaction with and views on the effectiveness of the project. Access was negotiated with researchers and in some cases directly with participants. Interviews and focus groups were conducted at times convenient to the participants. For the focus groups, this was often at the usual time of the story-telling group meeting so that as many as possible of the groups' members could attend. For individuals, this was at a time suitable for them. Some interviews were conducted by phone.

Interviews and focus groups were conducted between January and May 2008. All story-telling groups were covered, either by a focus group or by an interview with the group facilitator. It was originally intended to conduct focus groups with all groups so as to maximise the opportunity for participants to express their views on Le Ala. However, opportunities were not made available for the evaluators to conduct a focus group discussion with every group. Consequently, interviews were arranged with the facilitators of the groups where it was not possible to conduct a focus group. The focus groups and interviews were shared between the evaluators.

In all, 20 Story-Telling participants were involved in the evaluation. The focus groups conducted were:

- Young women's group, South Auckland (four members)
- Women's church group, Auckland (seven members and the researcher, who also acted as a translator)
- Tokelauan group, Porirua (three members)
- Women's group, Christchurch (three members).

In addition, interviews were conducted with the facilitators of the:

- Matua men's group, Auckland
- Mixed Pacific women's group, West Auckland
- Cook Island group, Porirua.

The interviews and focus groups covered the following questions (see Annex 5):

- What made you interested in being a part of this story-telling group?
- Do you think you got enough information about what the group was about?
- Did you have any expectations about what the group would do or achieve?
- What did the group do?
- Do you think the 'mix' or make-up of the group worked well?
- What do you think this group has achieved?



- What have you learned from being a part of this group?
- What things about being in this group did you like the least /get the least from?
- What things about being in this group did you like/enjoy/get the most out of?
- Do you think this group will continue?
- If there was going to be a project like this again, what improvements would you suggest?
- What do you think is needed to help Pacific peoples manage their drinking/deal with alcohol-related problems?

### 3.1.3 Interviews with researchers

The evaluators conducted a group discussion with four of the Le Ala team and, in addition, gathered further information through one-to-one discussions, emails and a regular monthly meeting during 2007 with the Lead Researcher. These discussions covered researchers' views and assessments of the effectiveness of the project (see Annex 6). Questions covered were:

- What have been the main features of your research methodology in the Story-Telling phase?
- How did you bring the story-telling groups together?
- What did you want to achieve for this phase? What do you think was actually achieved?
- Were the groups implemented as planned? Were there any differences or changes between the intended approach for the Story-Telling phase and what actually happened?
- Overall, how effective do you think the Story-Telling approach is? What worked (and why)? What didn't work (and why)?
- Do you think any groups will continue?
- What is going to happen to the stories?
- If you were going to do a project like this again, what improvements would you suggest?
- What do you think is needed to help Pacific people manage their drinking/deal with alcohol-related problems?

## 4. IMPLEMENTATION AND DELIVERY

This section presents the main findings relating to the implementation and delivery of the Story-Telling phase. It covers:

- Le Ala research methodology
- Engaging Pacific communities
- Implementing the story-telling groups
- Supporting the groups
- Group activities.

## 4.1 Le Ala research methodology

The Le Ala research methodology was developed through a Pacific cultural lens. Key features of the research methodology have been:

- The incorporation of Pacific values and practices
- The establishment of relationships, trust and respect between researchers and the Pacific communities and participants in the research. As one researcher observed, *“We were not going in and setting ourselves up as experts, we were co-participants, we told our own stories”*.
- Researchers’ personal commitment to and involvement in the project. As one researcher said, *“As a researcher, if I don’t do it right, I’ll have to leave the country!”* This comment reflected the dilemma and community accountability experienced by Pacific ‘insider’ researchers.

The project deliberately positioned itself as a non-clinical approach that was not associated with existing health or alcohol and drug services. This was important, the researchers suggested, for winning acceptance of the model in Pacific communities.

The informed consent of participants was an essential element, required by the health ethics committee. However, the project has highlighted an issue for Pacific research. While it is essential to obtain the informed consent of participants, there was sometimes reluctance on the part of participants to sign consent forms. They felt that their participation was, in effect, agreed to through oral consent.

Confidentiality was also a key issue that the project needed to ensure was managed so that participants felt safe. Again, the project provided important insights into how confidentiality is viewed in Pacific communities. One researcher commented that confidentiality is defined differently in Pacific compared with Palagi contexts. Confidentiality in Pacific research is an ongoing process. Another researcher observed that sometimes the confidentiality is less important than people’s fear of being judged – they are not as concerned about someone sharing their confidences with others as they are about whether they will be judged by others. Participants in the groups had to learn to see and respect each other differently in their new roles as group members, rather than as family members or members of the same congregation. There were also issues of traditional seniority and status in the community to deal with. In one group the pastor’s wife opened the way for the group to share and trust one another by talking about her own experiences. In other groups, health professionals who were members had to step out of their professional roles and become group members through also sharing their personal stories.

## 4.2 Engaging Pacific communities

The research project was communicated to the various Pacific communities and relevant Pacific providers in Auckland, Porirua and Christchurch through a series of Pacific fono. These were held during Stage One of the project and have been reported in the evaluation of Stage One: Community Dialogue<sup>4</sup>.

The main Pacific communities represented in the story-telling groups were Samoa, Cook Islands and Tokelau. Some groups comprised mixed Pacific ethnicities. One group had six Pacific ethnic groups represented. Some groups were women only or men only. Some groups were led by adults and encouraged young people to attend, while one group was youth only (under 25 years of age). In all, seven story-telling groups were formed:

- Matua men’s group, mixed Pacific ethnicity, Auckland.
- Samoan young women’s group, South Auckland.

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4 James, B and Mara, D. (2006). Evaluation of Stage 1: Community Dialogue.

- Mixed Pacific women's group, West Auckland.
- Samoan women's church group, Auckland.
- Tokelauan group, mixed adult and youth, Porirua.
- Cook Island group, mixed adult and youth, Porirua.
- Samoan women's group, Christchurch.

In addition, a men's group was proposed in Christchurch. Approaches were made to a Pacific community provider at a time when there was a change in leadership. A lengthy process of establishing new leadership before the organisation could engage with Le Ala meant that the research had to move on to look at other possibilities. Another Christchurch group met a few times, and although they were not interested in engaging with the whole project, they contributed some interesting and provocative views about their alcohol experiences. The funders requested that, with participants' approval, data from their meetings be included in the research report.

While a maximum of 9-10 groups were proposed in the ethics application, seven groups were completed. These changes reflected the process of moving from what the researchers wished to achieve to a realistic assessment of what could be achieved within the limitations of timeframes, budget and researcher resources. A key factor was the loss of one researcher in Christchurch, which stretched the remaining resources.

The participants were recruited in a range of ways by the researchers. The criteria for inclusion appeared to be to firstly recruit those who had good networks within their own communities. In effect, these first contacts became facilitators and through them others were recruited into the groups. Researchers intended to reach beyond Pacific providers who had played a role in making some of the initial contacts. Some Pacific community leaders were approached in Auckland. Researchers' personal networks were also used to contact people in the three communities.

The researchers intended that the target audiences for focusing on reducing the misuse of alcohol and other drugs would be defined by the community groups, based on who they considered to be most 'at risk' in their communities. The researchers expected that there would be a focus on young people and encouraged some groups to recruit young people.

Some groups brought together by Le Ala were based on already-established groups or ones that operated in some form within a pre-existing network, such as a church or an established Pacific ethnic community association. Other groups were started 'from scratch', using the networks of the facilitators. One was a group of friends and acquaintances, while another consisted of a group of people who were connected through work networks.

### **4.3 Implementing the story-telling groups**

The implementation of the story-telling groups differed from what was planned. This is not a criticism of what occurred but commentary on and acknowledgement of the unpredictability of working with communities to conduct research. Community-based research requires an extensive investment of time and relationship-building that includes establishing rapport and trust with community participants. The research cannot impose arbitrary timelines on the community, but must work with the timeframes and priorities of members of the community. Community-based Pacific research is always required to operate within the imperatives of Pacific values, practices and protocols.

### 4.3.1 Intended implementation process

The research team originally intended to bring together a community group (CG) consisting of key members (leaders) of the Pacific communities in each area. Then each CG would recruit an intervention group (IG), which would comprise those at risk of misuse of alcohol and other drugs, and/or their families, and/or support networks.

A draft meeting schedule was developed, which was discussed and agreed by each group. The schedule was as follows:

- The first meeting with the CG would consist of introducing the researchers, providing an overview of Le Ala, and presenting the Consent Form and Fieldwork Protocols for discussion and agreement. The meeting sought to provide a clear understanding of Le Ala for the participants, and provide them with a realistic comprehension of the time commitments of the project. The role of the evaluation was also explained at this meeting.
- The second meeting of the CG was to be focused on researchers responding to any questions raised about the project, and setting dates for weekly meetings. The research team would provide information about alcohol-related harm within Pacific communities and give some examples of how story-telling can be an effective intervention in helping people to gain control of their lives. There was also to be an opportunity for the evaluators to introduce their role.
- Meetings three to seven of the CG were to be devoted to the process of story-telling, with a member of the research team working with them. Developing confidence and building trust among the participants were the main objectives.
- Meetings eight to 16 would involve the CG opening the group to intervention participants (the IG), with the intention that the CG and IG would continue Le Ala as a local initiative. At this stage there would be a negotiated process of gradual withdrawal of the researchers.

It was expected that each CG would work through a process of story-telling with the IG to collect around 10 stories. The CG would collect and record the stories in whatever ways it considered appropriate, and bring those stories to the research team. An iterative process would be established between the research team and each CG and IG to collect stories about participants' experiences and solutions/actions that worked for them and report those stories back to communities. Together the research team, the CGs and IGs would work to further an understanding of how those stories could lead to positive changes within the community.

The researchers envisaged that the Story-Telling phase would be rolled out in stages, with the first CG established in Porirua by the end of June 2006 with the Tokelauan community. To follow, it was intended to establish another CG in Porirua for another Pacific group. Once the Porirua CGs were underway, other CGs would be established in Auckland and Christchurch. The number of CGs and IGs in each location would be based on the level of interest and different ethnic communities there. It was envisaged that the implementation of the Story-Telling phase would be completed by July 2007.

A consistent process would be applied in each of the three locations with regard to the protocols for establishing and working with the group, participant recruitment and

researcher training. However, the story-telling, gathering and recording processes and related activities were expected to be different in each area, as they would be responsive to the groups' and communities' needs and interests.



### 4.3.2 Actual implementation process

Seven story-telling groups were established in Auckland, Porirua and Christchurch. Changes to the intended establishment process were:

- A revised timeframe
- One tier of groups, rather than the CG and IG structure
- A revision of the stages through which groups were expected to progress
- A reduced number of meetings.

There were delays in starting the groups that necessitated a revised timeframe. A major reason was the length of time needed to work with community contacts to set up the groups. The researchers spent considerable time contacting local Pacific leaders, networks and organisations in each area, seeking their assistance in forming a group to engage with Le Ala and implement the Story-Telling model. The researchers commented that they had underestimated the time the recruiting process would take. They needed to explain the project to a range of local leaders, networks and groups, often returning to discuss the project further. The researchers did not want to work through existing Pacific health providers, as they wanted to avoid Le Ala being seen as a 'treatment' within a clinical framework. This meant that the researchers were directly connecting with community people, and that proved to be a slower approach to establishing the IGs.

There were also other reasons for delayed starts, including:

- The family and community commitments of participants
- Different, competing interests within communities. Sometimes these differences were around different Island or family groups. In one community, there were different leadership bases that had differing interests in being associated with Le Ala. In another community, differences were apparent between age groups. In one Pacific community, internal divisions resulted in the first attempt at forming a group failing
- Groups taking breaks over the Christmas holidays and January
- Delays in agreeing a subcontract between the Lead Researcher and FreshNZ, which led to a short delay in getting two groups underway.

The researchers pointed out that spending the time at the beginning of the research project to establish relationships with prospective participants, and gain their trust and respect, was essential to their ability to get the story-telling groups up and running.

The two-step process and two-tier structure of establishing a CG then an IG were collapsed into one process. This was a result of it taking longer than expected to get the groups underway. Also, it was difficult to explain the two-tier structure to people. Consequently a simpler structure and process was opted for.

Meetings did not progress logically through the expected stages. More time was needed to set up the groups, to explain the project and to establish trust among participants. One of the researchers noted that it could take three or four sessions before participants progressed beyond their initial hesitancy and could start to share their personal narratives meaningfully.

Not as many meetings occurred as intended. Initially, it was envisaged in the meeting schedule that participants would attend weekly meetings for between eight and 16 weeks. Later this schedule was

refined to a planned eight meetings where the researchers would assist the group members to become familiar with the story-telling process, then the researchers would gradually withdraw as the group and the group's facilitator became more confident. Follow-up visits were planned at three and six months.

Those interviewed and in the focus groups reported that their groups had lasted for varying lengths of time. Two groups thought that they had met three or four times. Two groups thought they had met five or six times. Another group said it met a few times then had to stop meeting because participants were overtaken by other commitments. The researchers estimated that the number of times the groups had met was between five and eight times.

The researchers reported that, in their view, the process worked reasonably well for the Christchurch group and Tokelau group in Porirua, but not so well for the Cook Islands group in Porirua. In Auckland, while the process worked well, the researchers had to withdraw because the project was winding up before the Auckland groups had the opportunity to conduct the planned eight meetings and follow-up meetings.

Starting first to recruit and establish groups in Porirua had its advantages and disadvantages. The researchers considered that a start in Porirua would be more convenient as two of the researchers reside in Porirua and they had local networks they could use to recruit participants. Porirua was to be the trial area to iron out any problems before rolling out the project in Christchurch and Auckland. However, the researcher who was to set up the Christchurch groups withdrew from the project and one of the Porirua researchers needed to take over the Christchurch component. This took time away from the efforts to get groups up and running in Porirua. In both Porirua and Christchurch it took much longer than expected to recruit people for the groups.

Compared with the other areas, recruiting groups in Auckland happened quickly, with more groups wanting to be part of the project than could be accommodated. This appears to have been because of the extensive networks of the Auckland-based researcher. People in Auckland Pacific communities were aware of Le Ala because of the earlier work done by Le Ala in the Community Dialogue and Communication stage. Through those initial meetings, a momentum had built up. There was an air of expectation and anticipation, as communities waited for Le Ala to start in Auckland. Some of that momentum was dissipated because of the decision to start later in Auckland, however there was sufficient knowledge of Le Ala to re-kindle the momentum when recruitment started in Auckland, and the process of familiarising participants with the Story-Telling approach went speedily.

#### **4.4 Supporting the groups**

Established protocols were followed at the initial setting-up of the groups, including the provision of information about Le Ala and the consent processes. Participants were able to use their own Pacific languages within the groups that were ethnic specific, otherwise English was spoken. Food and hospitality were provided by the researchers and these are features consistent with Pacific cultural protocols and customs pertaining to that group. Some groups insisted on these being followed and the researchers were willing to be guided by them. For example, one group insisted that all the information about Le Ala be translated into Samoan for them and this was done by the researcher. Lotu (or prayers) were also important for ensuring group cohesion and to guide the group process at the beginning and end of each meeting. In one group fasting was practised to bring people together and help them to focus their collective mind on the issue at hand.

Although the Application for Ethical Approval indicated a process for participants should they wish to seek individual support, it was not apparent whether this was implemented. There appeared to be no referral contingency or process for a potential situation where the story-telling uncovered or disclosed abuse or other serious personal crises. There may have been an assumption that the groups would have the necessary resources or expertise to deal with such events. However, the intervention still needed to



anticipate these, and processes for appropriately dealing with such events, should they have arisen, should have been ready and available. In effect, the safety of participants needed to be ensured through the provision of access or referral to external helping agencies in case issues were raised for participants that could not be resolved within the groups. Having noted this, it was apparent from participants' comments that they felt safe in the groups.

Researchers attended meetings with the groups. This was particularly important, as in some groups different people attended for the first few meetings, and the explanation of the project needed to be repeated. All groups mentioned the key roles of the researchers and facilitators in keeping the momentum of the groups going, their commitment to the project, and how they continued working alongside and encouraging the groups with words as well as by example. Some researchers had encouraged groups by sharing their own stories initially.

Once the groups indicated they were ready, the researchers withdrew from the groups. Researchers kept in contact with the group facilitators by phone, email and in some instances with face-to-face meetings outside the group meetings.

#### 4.5 Group activities

Participants who were interviewed gave an account of the activities that occurred in their groups. Sharing stories and recording the stories were the main activity. The ways in which this was done differed from group to group, however a common approach was to ensure there was open discussion, and that all were encouraged to have their turn to share. Often discussion was wide ranging. Examples of what occurred include:

We expect youth NOT to admit to this [drinking] because it is not a Christian thing so building trust was important ... with the younger generation the whole style of alcohol use has changed – there is a difference between the generations – we have our own experiences so we prompted them by also looking at the current Auckland situation and in South Auckland where we are<sup>5</sup>.

Each person told a story about what goes on in their family, about their background, upbringing, e.g. living with a father, partner or brother who is using or abusing alcohol.

There was no structure, just telling how they have experienced alcohol, in the past at home in the islands, and in New Zealand now. From when they were young, to now with their children and grandchildren. For those who still drink, why do they drink? For those who have given up, why did they give up? Also covered the experiences of their families. Also asked, what are we doing to help the issue?

We told our stories. At first we started talking about trivial small things and then once we started we could not stop – we poured our hearts out.

As well as telling and recording the stories, participants reported other activities, including:

- Two groups conveying safe drinking messages and information about alcohol use and abuse
- One group fasting about the issue of alcohol in their families and community
- One group sharing information on agencies that could offer support
- Discussing strategies and solutions for dealing with the problematic drinking of other family members.

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<sup>5</sup> Comments from the interviews and focus groups are not exact quotations, but paraphrase what was said.

The following comment shows how one group extended its discussion beyond story-telling:

The educational role of the group was important – wanted this to be an outcome of the group – the young people becoming more aware of their responsibilities. We talked about drinking responsibilities, talked about ALAC guidelines ... safety behaviour, eating, the size of drinks, how much you can drink. We talked about the legal situation and how it affects not only the young person but their parents. Drinking age etc. I was a bit concerned about boring them, if I had gone on and on about it, they would have switched off.

Two groups were active in the community beyond their own meetings. One group set up two meetings within their own Pacific ethnic community to promulgate the concept of Le Ala and gain support for the group in the community. Another group led a prayer meeting about alcohol problems that involved parents and their children.

## 5. ACHIEVEMENTS, EFFECTIVENESS AND IMPACTS

This section considers the achievements and effectiveness of the Story-Telling phase. The section starts with a general overview of participants' satisfaction with Le Ala. Then the following aspects are covered:

- Achievements and outcomes.
- Effectiveness.
- The impacts of Le Ala on the wider community.
- Le Ala's ability to be taken up and implemented in other communities.

### 5.1 Participants' satisfaction with Le Ala

Le Ala participants who were involved in the evaluation interviews and focus groups indicated that they had a range of expectations around both the story-telling group process and what the outcomes of their taking part would be. Some saw the intervention as an awareness-raising process; some saw it as a support group; others saw it as a way of intergenerational sharing so that younger generations could understand their elders and vice versa. One group saw the Le Ala process, somewhat fortuitously, as an appropriate way to come to terms with a community tragedy that had involved alcohol and a young man being badly beaten up.

The Le Ala approach seems to have wide support among most of those to whom the evaluators spoke. Few things were disliked about Le Ala and the Story-Telling process. A number of the interviewees said they would like to have met more often and for longer periods of time. One group facilitator found it difficult to co-ordinate everyone for meetings and getting a time when people were not busy, and said that over time the group "fizzled out". This same group mentioned that the idea was complicated and, because of that, recruiting group members was quite difficult.

The positive responses far outweighed any concerns or dislikes about the intervention. All participants interviewed by the evaluators mentioned that the main highlights of their experiences in the story-telling groups included: the sharing of food, the friendship, the fun, the laughter, and thinking together about how to deal with drinking by parents or young people in their wider families. The groups provided an opportunity in a safe and trusting situation for people to offload burdens they might have been carrying around for a long time. One participant in one of the mixed ethnic groups said they appreciated hearing stories from different perspectives and hearing of others' struggles with alcohol. Several people said that they liked working within a Pacific framework or approach.

The following comments show participants' general support for Le Ala:

Provide space to share among fellow mothers and hearing about other people's problems allowed me to tell people with similar problems about issues around Le Ala.

The attraction was that it was a way of helping the community.

The fun and laughter. Just being in each other's company.

I thought this looked interesting, a new ball game. It was all Samoan and we like to tell stories.

It's something Pacific and unique to the Pacific peoples. I thought it was great.

## 5.2 Achievements and outcomes

This section considers what Le Ala achieved, i.e. what the project has done. Achievements can be intended, i.e. outputs or outcomes that are expected to be produced if the project is implemented as planned. Other things may also be achieved that are unintended, in that they were unanticipated at the start of the project or are in addition to the things that the project set out to achieve. Unintended achievements can be as important to the success of a project as intended achievements.

The overall aim of Le Ala was to develop evidence-based interventions that reduce the misuse of alcohol and other drugs. This was to be achieved through seeking community-based solutions for dealing with alcohol issues. The two main outcomes associated with this were:

- To raise awareness among participants in the story-telling groups of alcohol issues through the use of the narrative method
- To develop community-based approaches to reducing the misuse of alcohol and other drugs.

Both participants and researchers acknowledged that Le Ala was a very challenging project that was trying out a new Story-Telling approach as a community intervention. Its aim was to raise awareness of alcohol issues in Pacific communities. Overall, the researchers thought that the project was innovative and ambitious. There was an element of stepping into the unknown, of not knowing whether the proposed narrative approach would work.

The overall aim of Le Ala to develop evidence-based interventions that reduce the misuse of alcohol and other drugs was a very ambitious aim that was not fully achieved. In the evaluators' view it is doubtful whether it could have been fully achieved in the three-year timeframe because it would have meant designing and implementing one or more demonstration intervention models, allowing them time to run then evaluating them. In effect, the Story-Telling phase became the community intervention.

Through the story-telling groups the project did achieve a number of intended outcomes. Those are:

### Engagement with Pacific communities

Le Ala was able to engage with Pacific communities and establish community groups that could possibly take ownership of the project. This was achieved through the establishment of seven story-telling groups. Both group participants and researchers considered that to establish and maintain the impetus of groups for a period was an achievement in itself. Several participants noted the many family and community commitments that participants had, which sometimes competed with their involvement in Le Ala. Despite

those calls on participants, they continued to meet for the project. From the researchers' perspectives, the main achievements were that seven groups were established, and stories produced. As one researcher observed, participants kept on with the groups and made a commitment to attend for a period of time. This indicated they valued the project.

### **Raising awareness of alcohol issues**

Le Ala successfully raised awareness of alcohol issues impacting on Pacific communities. This was done through the sharing of stories and experiences. Participants in interviews and focus groups acknowledged how listening to those stories raised their awareness and understanding of how alcohol was affecting people in their communities. One participant said it had made her more conscious of her own and other people's behaviour around alcohol. Another decided not to drink any more in social situations, particularly when younger people were around, as she realised how her behaviour could affect their choices. One woman had stopped drinking before joining the group and her participation had confirmed and supported her choice.

### **Primary prevention**

The project appears to have had some success as a primary prevention intervention, in that people did not come to the groups with their own personal problems with alcohol, but used the groups to further their understanding of alcohol issues affecting Pacific communities.

In addition there were some important unintended achievements:

### **Friendship and support**

Friendship and support within the communities were strengthened. Most of those who were interviewed or in the focus groups agreed that as their stories were shared within the story-telling groups they got to know people at a much deeper level. Many felt no longer 'alone' or the 'only one' having to face by themselves their own issues with alcohol or issues within their wider families. Many reported leaving the weekly meetings feeling supported, having shared emotionally with others by laughing or crying together. One woman reported that she felt better speaking about herself after sharing her story and "lightening the burden". Others liked the learning together, being together as a group and making new friends, particularly with others from other Pacific cultures, which was possible within the mixed groups.

### **Identification of gaps in current promotion of safe drinking messages**

Some groups used the sessions for education and information dissemination on alcohol issues and safe drinking practices. In this respect Le Ala has revealed gaps in and limitations of current promotional messages about safe drinking. Most promotional material does not speak to Pacific communities. This is an achievement that suggests potential for using the Le Ala model for health promotion in Pacific communities. The participants in the groups did not identify with many of the alcohol harm-minimisation messages in the media, yet they did identify with the purpose of Le Ala. Comments included:

There are not enough good role models for Pacific peoples. We need to see them in ads with good, positive drinking habits and positive ways to keep safe ... have positive ads, not ones that scare people, more gentle reminders.

Alcohol information is generally not targeted to Pacific communities, at least we aren't aware of any that is. I am aware of information about smoking, cervical screening, gambling, but not alcohol.



Do it in Pacific languages! Visuals are good ... target it differently to New Zealand born vs Island born. They have a different understanding and see things differently.

### **Intergenerational communication**

The narrative approach opened up conversations between generations, with elders and adults starting to understand young people in new and different ways. One researcher considered that Le Ala built a bridge between generations. Another researcher commented that the groups helped parents to relate better to their children about alcohol. Three of the groups (the Cook Island group, the Tokelau group and the Auckland women's church group) were all striving to understand better the role of alcohol in the lives of Pacific youth. Finding new ways of communicating between young people and the older generation about alcohol was seen as a key achievement by those groups that included both youth and older adults. As one participant commented:

Young people generally would only share things among friends, not with aunties and uncles ... a couple of the young people said they felt privileged to be part of the project and to be able to share with a group. It was a new experience for them and they were grateful for it.

### **Changing behaviour**

Researchers were unsure whether the project would have any long-term impacts on risk-taking behaviour. However, some participants in the interviews and focus groups reported that their involvement in Le Ala resulted in their changing their behaviours towards alcohol, or at least examining their own and others' behaviours more critically. In a couple of instances, participants said that they had stopped drinking before joining the story-telling group and involvement in the group had confirmed their reasons for stopping drinking. Changes identified in their behaviour and attitudes included:

- Questioning their own use of alcohol
- Choosing not to drink in some situations, such as when young people are around
- Monitoring the drinking behaviour of young people, giving them advice about alcohol use and looking after them when they are drinking
- Increased awareness of the drinking behaviour of other family members. In some groups coping strategies for dealing with the drinking behaviours of family members were identified.

## **5.3 Effectiveness**

Effectiveness is about what works and does not work for a project. Two components of effectiveness are considered in the discussion below:

- Effectiveness of the process.
- Effectiveness of the approach.

### 5.3.1 Effectiveness of the process

Was Le Ala implemented in the best way? This involves consideration of the practicality, feasibility, transparency and efficiency of the processes used to implement Le Ala, including:

- Communication about Le Ala
- Engagement of communities
- Targeting of participants
- How groups were maintained
- Delivery processes
- Collection, recording and reporting information.

#### Communication

Participants in the interviews and focus groups considered that they had received sufficient information about Le Ala. However, when further questioned, many had not been clear at the outset about their expectations of the group intervention but they were later clarified as the intervention proceeded. Most knew it was about story-telling.

It appears that the younger participants were less clear about the purpose of the groups. Young people came to one of the story-telling groups with the idea that it was an alcohol recovery programme. One youth group suggested there may be other ways to reach youth, such as texts, emails and Bebo.

The name Le Ala was an important part of communicating the philosophy and approach of the project. The name was acknowledged by Samoan people, some of whom also talked about 'tala noa' – telling stories and listening. In contrast, one focus group commented that not all Pacific communities identified with the name Le Ala, and that different language groups would have different names for the concept. Identification with and support for the concept could be enhanced if it were articulated in other Pacific languages. They suggested that more talking and thinking were needed in order to make the Le Ala model more relevant and accessible for their community. They commented:

We need to look at how this idea could be made workable for the community. It hasn't got off the ground because it doesn't fit in with the way we live and operate.

Some participants considered that Le Ala was too complicated or abstract, and that it lacked a practical base that people could grasp. They found Le Ala a difficult concept to explain to others in their communities. They suggested that the project needed to be explained in more simple terms and have a practical focus. For example, they suggested that a practical focus on informing people about the services that are available to help people with alcohol issues and how they can be accessed could be done through a group such as Le Ala.

However, an alternative perspective on the philosophy of Le Ala was offered by some group participants who had health backgrounds. They said that Le Ala provided them with ideas and insights for their own professional work that would assist them to understand better people's attitudes towards and behaviour with alcohol.

## Engaging communities

Engaging communities was an important objective as Le Ala wanted to encourage Pacific peoples to be responsible for alcohol issues in their own communities. One strength of Le Ala is that it was implemented at the grass roots, in community networks, rather than being reliant on service providers or health agencies. The researchers saw this approach as potentially more effective in achieving a 'self-help' tool that people in the community could take up and use in the future.

Engagement with the communities was achieved in the Community Dialogue phase through the provision of information, community meetings with a wide range of Pacific organisations and leaders and working through local networks. The Story-Telling phase built on the contacts made in the Community Dialogue phase to encourage different Pacific ethnic groups to engage with Le Ala. In particular, the process of establishing trust and rapport became the responsibility of the researcher and the group facilitator. Often the researcher or facilitator modelled the process so the participants could follow. Sometimes the facilitator was of high status within their community such that their self-disclosure paved the way for others to start telling their stories.

It was important to gain the trust of group members, and in this respect, the way that confidentiality was dealt with was crucial to the success of the story-telling groups. One focus group participant raised a concern about confidentiality in the story-telling group and was happy and relieved to report that in fact the stories were not spread outside the group.

Le Ala demonstrates a Pacific-led research project that is based on a Pacific perspective on alcohol issues and on a philosophy of collective endeavour, in terms of both the research team and working together with Pacific communities. Building up good working relationships with the communities was the only way that the groups could have been formed. This was an effective approach to carrying out the research.

Some of the researchers considered that it would have been advantageous to have had more time to spend in the preliminary stages of the Story-Telling phase to explain the process to the communities. It was deemed to be a complex project that people needed time to come to grips with.

## Targeting

Recruitment and targeting worked well. Le Ala wanted a variety of Pacific communities to take up the project. The seven groups that were established included a Cook Island group, a Tokelauan group, three Samoan groups and two groups of mixed Pacific ethnicities.

Le Ala was also somewhat successful in engaging young people, although there is some question as to whether the Story-Telling approach would work well for all young Pacific peoples, and also whether youth groups should be mixed. Participants to whom the evaluators spoke reported that a number of youth found the Story-Telling approach in a face-to-face situation not helpful in sharing or talking about alcohol. Youth were shy about speaking in front of others about behaviour that they knew adults did not agree with or about which they would be judged by others. There are certain 'taboo' topics that are not spoken about by old and young. Alcohol seems to fit into this category in many instances. After the Le Ala meetings had finished, one of the youth groups decided to change the focus into a more recreational and fitness activity group. It had started out as a mixed group of young men and young women, but after several weeks only the young women remained. The Story-Telling process did not appear to suit the young men in the group, as reported by the young women interviewed.

It appears that some story-telling groups were encouraged by the researchers to recruit young people, rather than that initiative coming from the community itself. One focus group said that the idea of involving

youth was what they understood as part of Le Ala, and they had taken up the challenge. The group had found it difficult to keep the young people engaged.

Comments from the groups that included young people spoke about the challenges they encountered:

We needed to encourage them to talk in front of others ... girls were shyer than boys ... for the children under 12 who attended, a lot of the conversation was above their heads ... if the topic had not been alcohol there may have been a better response ... no-one wanted to disclose their hidden habits ... [the adults] had to think of ways of getting the youth along, like having fish and chips, giving them space, be patient and give them time to speak.

It would be good to target even pre-teens from 10 – some of them are already drinking.

We had to give prompts. It did not automatically happen. Hard to get our young people started. You can ask a question but only those more confident will start talking and sharing ... It was the first time we were together and we had to build up trust ... I am still undecided about the approach for our young people. I had to ask specific questions to get any responses and I am not sure if it works with young people. I had to really engage not just facilitate. Once it started then they took off but getting it going was hard ... youth is a totally different group and it needs another particular approach.

## Maintaining groups

Maintaining groups was effective because of a number of factors, including having small groups, researchers maintaining contact, and researchers providing resources.

The small group format, rather than relying on large groups or fono, was effective. The small group format allowed all members to have their say in a supportive and private environment.

Groups were assisted through the researchers maintaining ongoing contacts with the groups. The groups also developed their own momentum through the fellowship and friendship they provided. Practical matters like meeting at the same time each week or month and having an accessible, welcoming venue helped members to make a commitment to attend.

The researchers provided some resources to assist the groups to continue. Some groups were provided with tape recorders for the purpose of collecting stories. A couple of groups were provided with food and petrol vouchers. The Christchurch group was provided with movie vouchers that were used for a youth group they brought into one of their sessions. There were no fees or koha for meeting attendance, although one putative group in Auckland wanted to be paid to meet. That group did not get off the ground because the researchers were clear that there was no funding for meetings. Similarly, the researchers provided some refreshments for groups, but these were limited. The philosophy was that the groups should not become dependent on the researchers, and the community should demonstrate its commitment to sustaining the groups. Most groups brought their own food and shared at meetings.

Researchers were unsure whether any of the groups would continue beyond the timeframe of the project. The sustainability of the groups was an issue of which all were aware. Even though the project had originally wanted to help the groups to become self-sustaining, there was some doubt as to whether this would be achieved, even for those groups that had been formed for Le Ala from a pre-existing group or network.

The extent to which the groups that were established will be sustained will vary from community to community. Only one of the seven groups appears to be still operating with the Le Ala focus and the

remaining have either ceased or, in the case of one group, it meets from time to time but has changed its focus from Le Ala to fitness and sport. The Auckland group that looks like continuing with Le Ala is well connected into an existing church and has strong leadership. Consequently it has an institutional base that it can use to develop its own initiative and continue working on alcohol issues. However, researchers also identified that it needs some resourcing to do so. Having an existing organisation that can nurture the group and provide practical assistance is important for its ability to operate.

It is unlikely that the other groups will continue because strong community ownership has not been established and they are not part of an existing community organisation or network that could support them. They do not appear to have the leadership, a full understanding of the Le Ala model, a collective commitment, resources or community buy-in to sustain them. Researchers indicated that they intended to advise two of the groups on possible funding sources to assist them to continue.

### **Delivery processes**

Participants to whom the evaluators spoke raised no issues concerning the delivery of Le Ala. All issues concerning delivery were raised by the researchers.

Some planning and timing issues were raised. One researcher considered that there needed to be a better process for the co-ordination of the project across several sites. The need for prompt reimbursement of fieldwork expenses to researchers was also raised.

One researcher suggested a wider range of Pacific facilitators from different ethnic groups was needed in order to generate interest across a wider range of Pacific communities. This would enable language needs to be met and the appropriate Pacific cultural protocols to be honoured, within which meanings and behaviour can be reflected on.

The researchers considered that one of the main difficulties of the project was the structure of the funding relationship between the funders and the Le Ala team. The structure of the project contract with three funding agencies posed some internal issues for the research team because it set up a tension between contractual requirements and the research process. This source of conflict had to be resolved jointly by the Project Manager and Lead Researcher in a situation where effective communication had broken down. The team spent a lot of time building relationships with the funders, having to contend with changes of personnel, diverse expectations, differing reporting mechanisms and differences of interest between the organisations funding the project. The Le Ala team also had to manage and explain the delays experienced in establishing the story-telling groups with funders, as there was some misunderstanding of research processes that required extensive preparation and engagement time with Pacific communities before tangible results could be seen.

### **Collecting, recording and reporting information**

There does not appear to have been transparent, robust procedures for collecting, recording and reporting information about how the project was implemented and delivered. This has implications for identifying what can be learned from the project, the ability of the initiative to be taken up and used by communities, and the preparation of a proposed toolkit to assist Pacific communities to use the Le Ala model.

In particular, there does not seem to have been a clear or consistent process for collecting and recording the stories from the groups. The key purpose of Le Ala was to use the narrative method to enable people to share experiences, learn from others' experiences and develop workable approaches to reducing the misuse of alcohol. It appears that the researchers did not have a clearly articulated plan for future use of the stories that were collected as part of Le Ala. One of the groups recorded their stories but it is not clear

what happened in other groups. Apart from one group, the researchers did not appear to have discussed the future of the stories with the groups or indicated possible options to the groups for their use. In the case of the group where the intended use of the stories had been discussed, it was agreed that the researchers would come back to get the group's approval for any stories used.

The researchers reported that some groups had ideas for using their stories, such as the compilation of community story books and art, or continuing to use the stories in their own groups for healing and support purposes. One group thought the stories would be collected and shared amongst all the groups., There seems to have been no guidance from the researchers on how stories could be used or collated in ways to protect the confidentiality of group members, or ways in which key insights and stories could be recorded and shared more widely.

### **5.3.2 Effectiveness of the approach**

Is Le Ala an effective approach for addressing alcohol issues in the Pacific community? This involves consideration of:

- Cultural responsiveness
- The appropriateness of Le Ala's methodology
- The relevance of Le Ala.

#### **Cultural responsiveness**

Le Ala has demonstrated that it is culturally relevant and responsive. The research was steeped in Pacific values, modelled participation and collaboration, used Pacific communication processes through networks and Pacific media, used Pacific cultural protocols in meeting processes and it was Pacific researchers and a project manager who led the design and implementation of the project.

Providing opportunities for the participants to use their own Pacific languages was the most effective way of gathering the stories. Working in the language of the group and within their usual cultural norms enabled the stories to be told and understood by all the participants.

#### **Appropriateness of methodology**

Le Ala has clearly established itself as very different from a clinically based therapeutic programme and as distinct in contrast to Palagi approaches to dealing with alcohol issues. Le Ala was not associated with any existing alcohol and drug service or programme. This new model grew out of a different cultural paradigm in which the building of knowledge and understandings is a co-operative and social process.

The narrative methodology on which the Story-Telling approach is based was informed by Pacific cultural perspectives. The narrative approach is compatible and empathetic with Pacific story-telling traditions and practices, which are an integral part of Pacific communities today. Researchers considered that a key challenge for them was to see whether they could make the narrative approach work. The narrative approach was judged successful in that it produced stories through which Pacific peoples could reflect on their lives and their lifestyle choices. The focus on story-telling was also very well received by participants. Researchers observed that the narrative device opened up opportunities for people to talk, often about things they had kept hidden for many years. As one researcher described it, "the floodgates were opened".



One example of Le Ala's potential as an effective community-based methodology is that one of the groups has been approached by researchers from other organisations for advice on how to do research with Pacific communities.

## Relevance

Le Ala has been a rallying point for communities to organise their concerns about the impacts of alcohol. There was a strong view among most participants in the interviews and focus groups that Le Ala's emphasis on the impacts of alcohol was necessary and appropriate for their communities. It struck a chord with people; it spoke to what was happening in their families and communities. Le Ala was a timely and relevant intervention that enabled one community to question harmful drinking behaviours and work out ways to deal with problems. Several groups noted that drinking behaviours were often not talked about in their communities, or 'taken for granted' as acceptable for some, particularly older men. Le Ala firmly put the spotlight on drinking and provided a needed platform and supportive environment where people could voice their concerns.

Some participants to whom the evaluators spoke considered that Le Ala should be promoted and implemented in more Pacific communities through churches and youth groups. However, not everyone considered Le Ala to be the only approach for their community. The researchers also acknowledged that the Le Ala model may not suit or be appropriate for all Pacific groups. They did not propose Le Ala to be the only or indeed the best intervention for Pacific peoples, although this project had demonstrated its relevance to those who participated in it.

This project showed that some groups were not ready for the Le Ala concept, nor did it fit within their specific cultural practices. One focus group considered that their community was not ready for an intervention such as Le Ala at this particular time. They were not saying that alcohol problems did not exist in their community, but that they were not yet an issue that was fully acknowledged or understood. It was not a concern that mobilised the community. As one person said, "Maybe they don't see alcohol as a problem in their lives. Unless something really hurts a person or their family, it's not an issue for them".

Participants in the evaluation interviews and focus groups made suggestions for other approaches to addressing alcohol issues in Pacific communities. The most common suggestion was for better-targeted health promotion messages and information about alcohol to Pacific communities and Pacific youth. Participants thought that promotion should use all of the main Pacific languages, cultural approaches and Pacific role models. They said there should be more tailoring of alcohol education and messages about safe drinking to Pacific communities. One example given was the host responsibility messages, which could be better tailored to the cultural values and practices of Pacific communities, as many functions held in Pacific communities include the consumption of alcohol.

The researchers also saw the potential for Le Ala to be used to educate Pacific communities on the harms of alcohol abuse, using a Pacific context and framework. The researchers suggested that Le Ala could be used to put people in touch with other health services.

Participants in the interviews and focus groups made several suggestions for addressing alcohol issues in Pacific communities:

- Better control and licensing of liquor outlets, including restricting the number of liquor outlets in neighbourhoods.
- Increasing the price of alcohol.
- Programmes with elders and youth getting together.
- More Pacific workers and Pacific programmes in the alcohol and drug sector.

Participants also made suggestions for more research about Pacific communities and their use of and attitudes towards alcohol:

- Collection and disaggregation of alcohol use data for each Pacific ethnic group so that there is better information about alcohol use within each group, and this can be used for better targeting messages and programmes.
- Collection of data specifically about alcohol practices among Pacific youth.

## 5.4 Community Impacts

It is too soon to consider the community impacts of Le Ala, however both the participants and the researchers to whom the evaluators spoke commented about the potential for community outcomes and consequences from this intervention. Participants considered that Le Ala needed to be extended further into other Pacific networks and communities in order to see a real impact. For the participants, awareness-raising seemed to be the main impact at this stage, although some individuals had gained new insights into and understanding of alcohol issues in their communities. It may be that these individual 'breakthroughs' will lead to wider changes within their communities. A few participants considered there would possibly be some longer-term effects in the future owing to their own individual increased knowledge and awareness that would affect those around them.

Participants noted some impacts for their families in terms of increased awareness of behaviours around alcohol use and behaviour, particularly amongst younger family members. Several reported how their experiences in the story-telling groups would help them within their families perhaps to change present behaviour or attitudes towards alcohol and its use. Few of the participants believed that the intervention had impacted on the wider community's behaviour, although members of two different Pacific ethnic groups thought the Le Ala approach had encouraged them to reach out to younger people in the community.

### 5.4.1 Contribution to building community knowledge

One of the objectives of Le Ala was to contribute to building community knowledge, through such processes as identifying gaps in knowledge, enhancing understanding, capacity-building and empowering Pacific peoples to engage in research.

There is an insufficient time lapse since the groups ceased meeting (early in 2008), and insufficient preliminary evidence to comment on the extent to which the Story-Telling phase may have contributed to building community knowledge and, if so, in what ways. Furthermore, Le Ala is just one of many factors and organisations that potentially contribute to building community knowledge, including Pacific providers, Pacific community networks and Pacific leaders.

However, some observations can be made about Le Ala's contribution to building community knowledge. Le Ala has done this by increasing community awareness and understanding of alcohol issues and identifying gaps in the current promotion of safe drinking messages. Le Ala has also contributed to capacity-building by offering a model of Pacific research that can be taken up by community organisations. Responses from interviews and focus groups indicated an increase in knowledge about the extent of alcohol use and its consequences amongst their groups and in their immediate communities.

A number of participants reported that the Le Ala approach was new to them, although it had similarities to their own Pacific way of oral communication and sharing. What was also new was the fact that Le Ala had helped them to get to know others more deeply and the problems they were facing around alcohol use. Much of this knowledge was completely new. Sharing within Le Ala had created levels of understanding

and trust that had not been attained previously. At a wider level it had fostered social connectedness but in a way unlike anything previously experienced.

### **5.5 Take-up**

The ability of an initiative to be taken up more widely depends on how effective its implementation and delivery are. Also important are whether it is effective in terms of its philosophy and approach. Le Ala embodies Pacific philosophies, values and approaches that are transferable across different Pacific communities, so it is replicable in the sense of its responsiveness and relevance to Pacific communities. Participants recognised the widespread resonance of the Le Ala philosophy, even though the name is Samoan. The degree of take-up is also heavily dependent on the skills and mana of the Pacific researchers.

However, it is less clear whether Le Ala's processes are replicable. This is because the documentation of what was done in the project and how it was implemented does not appear to have been systematically recorded. There is no apparent system in place in which the project collected and recorded information that would be useful for other such community interventions. This has implications, not only for replicating the initiative in a way that ensures that key features and processes are able to be communicated to a wider audience. It also suggests to the evaluators that it is difficult to implement continuous improvement of the model where there appears to be no rigorous or systematic way of collecting and sharing ongoing information about the performance of the initiative.

## **6. SUMMARY AND CONCLUSIONS**

Le Ala is a project that is both innovative and ambitious. It combines a research approach with trialling a community-based intervention. The time period of three years has been a challenging one, and Le Ala must be given credit for working in a diverse and complex area amongst socially and ethnically diverse communities. Community research and the implementation of interventions require a large amount of time to set up, in making the right contacts, bringing busy people together, building relationships and establishing trust amongst community networks.

Le Ala researchers also had the task of engaging Pacific communities with an issue that historically has been hidden and not acknowledged or widely spoken about. In terms of conducting research in Pacific communities, the challenges for Le Ala researchers included: the diversity of the Pacific communities with which they collaborated; the competing commitments and calls on the time of Pacific community members; and the preparation involved in ensuring cultural protocols and local agendas were recognised and catered for throughout the research process. Much rested upon the researchers to ensure this preparation and maintenance was carried out. Consequently, the calibre and professionalism of the researchers within Le Ala, coupled with their own community esteem, credibility and accountability were key factors in terms of where the project seems to have been most effective.

It is unrealistic to expect change in behaviour from a project in which the community intervention component operated for only a few months. Often the best that can be achieved within a relatively short timeframe is awareness-raising, providing support for wider discussion and laying down a foundation for community ownership of the issues, in this case in relation to the use of alcohol by Pacific communities. Whilst the community impacts of Le Ala may be modest at present, both Le Ala participants and researchers believed that there is considerable potential for positive community impacts if Le Ala can be extended beyond the initial groups and communities and where Pacific communities receive further opportunities to take ownership of Le Ala.

Le Ala has had a positive impact because it provided resources and a timely platform for people to address issues of alcohol use and abuse that were of concern to them in their families and communities. In this respect, Le Ala has demonstrated considerable achievements. It has:

- Developed a useful model of engagement with Pacific communities
- Successfully raised awareness of alcohol issues affecting Pacific communities
- Provided opportunities for the participating Pacific groups and communities to begin to take some ownership of alcohol issues
- Functioned as a primary prevention intervention
- Revealed gaps in current public health promotions about safe drinking, in respect of their relevance to Pacific communities
- Opened up ways to generate new understandings between generations
- Contributed to some Le Ala participants changing, or at least questioning, their behaviours in relation to alcohol.

A major achievement of Le Ala appears to be the potential for its use as a basis for health promotion. Through its implementation, Le Ala has demonstrated some key features of a positive community-based intervention, and its contribution to Pacific research methodology should be noted. With regard to Le Ala as a community-based intervention, it showed the importance of:

- Linking the intervention to an existing group structure or network
- Taking the time to build, and being patient about building, community engagement with the project
- Making a good match between the purpose of Le Ala and the interests of the community. This includes ensuring that the intervention is relevant to and timely for the community
- Building group trust through the sharing of stories and experiences of alcohol use, while maintaining confidentiality
- Ensuring that researchers establish and maintain strong links with the intervention groups, including providing resources to support them
- Holding the group meetings in accessible and appropriate venues.

With regard to Pacific research methodology, Le Ala researchers demonstrated strengths and skills in:

- Building and maintaining strong links with Pacific communities
- Working through Pacific leaders, organisations and networks
- Including cultural relevance and responsiveness, including the use of Pacific protocols, within their research practice
- Employing Pacific communication processes and networks to gain support
- Working collaboratively with other Pacific researchers to lead the design and implementation



- Ensuring there would be cultural congruity for group participants with the Story-Telling approach of Le Ala through the use of the narrative methodology, which is compatible and empathetic with Pacific story-telling traditions and practices.

### **What were the key success factors that we can take from Le Ala?**

There appear to be two key factors that stand out as being necessary for the sustainability of any community-based initiative such as Le Ala. Firstly, the use of existing groups or community networks, such as those within a church, appear to be necessary to the group's initial momentum and eventual sustainability. The story-telling groups that were established within such existing structures appear to be the ones most likely to continue. The surrounding supportive context, such as the church network or the ethnic community structure, provides an established social network of relationships within which groups can be sustained.

A further factor affecting the ability of groups to get established, and their eventual sustainability, is effective leadership. Most groups came together and stayed together because of the status, mana or trustworthiness of their leaders/facilitators. In this respect, it was critical that the researchers identified and worked with appropriate community leaders. In one community there were considerable difficulties in establishing a group because of competing leadership interests. Once the appropriate leaders were engaged with the project, a story-telling group was able to be set up. Leaders also contributed to maintaining the commitment of group members and in their attendance throughout the project. Effective ongoing engagement appears to be dependent on community acceptance, followed by a credible and culturally appropriate process that galvanises community ownership. Such ownership takes time to establish and appears to rely on effective leadership.

Further learnings from Le Ala are gained from identifying some areas for improvement:

- Consideration of the name Le Ala and the concepts behind the name is an important aspect of engaging the community and gaining its ownership. Le Ala was a difficult concept to explain and, for some people, it lacked a practical component that could be easily grasped and used. Moreover, there are language implications of using the term Le Ala, which is Samoan and is not readily owned, or identified with, by other Pacific groups.
- The composition of groups needs to be carefully planned. In some cases, the mixing of males and females in youth-focused groups was not successful.
- For young people, the story-telling group structure and processes may not be as effective in engaging them as youth media and information and communications technology would be.
- Clarity and consistency of feedback to groups about what will and might happen to their stories is needed. Also, the ownership of the participants' stories must be addressed from the outset and consistently communicated across all groups. This is a matter that is important not only for the potential sharing of information and knowledge within Pacific communities, but also for enhancing the Pacific research platform on which to build effective community interventions in the future.
- Although it was apparent from participants' comments that they felt safe in the groups, it was not apparent whether a support process for participants, should they have needed one, was available. The safety of participants needs to be ensured through the provision of access or referral to external helping agencies in case issues are raised for participants that cannot be resolved within the groups.
- There need to be transparent, robust procedures for collecting, recording and reporting information about how the project is implemented and delivered. This has implications for the ability of the initiative to be taken up and used by communities, and for the preparation of a proposed toolkit to assist Pacific communities to use the Le Ala model.

- There are also lessons to be learned about effective working relationships between the funders, the project management and the research teams. Clearly understood lines of communication, areas of responsibility and processes of co-ordination that would facilitate the research project should be agreed by all parties at the outset. Each of these parties requires leadership and agency contact personnel who have a track record of effective cross-cultural communication skills in order to establish and maintain the necessary supportive and collaborative relationships required by Le Ala. It is therefore suggested that policies and processes be established at the outset that include mechanisms to ensure positive resolution of any issue that may arise.

In closing, the evaluators congratulate the funding agencies for their foresight and commitment to the Le Ala project so that it could be implemented within selected Pacific communities. Increasing the ability of Pacific communities to engage with alcohol issues in ways that are culturally relevant and responsive is an important goal that has implications across all of New Zealand society. It is hoped that there will be opportunity in the future to build upon what has been achieved to date through the groundbreaking community action research initiative known as Le Ala.



# ANNEX 1: HANDOUT TO STORY-TELLING GROUPS

## EVALUATION OF LE ALA

### WHAT IS EVALUATION?

Evaluation is about finding out if a thing is useful or valuable. Le Ala will be evaluated to find out if it is helping to raise awareness and address problems of alcohol and drug misuse.

#### The evaluation of Le Ala will look at:

- What is happening with Le Ala?
- How is Le Ala working with Pacific communities?
- What works well?
- What improvements could be made?
- What do participants think about Le Ala?

The evaluators are Diane Mara and Bev James. You will see us sometime over the next few months. One of us may attend some meetings to observe. We may ask for your views on Le Ala.

### OPPORTUNITIES FOR FEEDBACK

You might be asked to fill in a short feedback form.

You might be invited to be part of a focus group to discuss how Le Ala is going. Examples of questions that we will ask:

**What are your expectations about Le Ala?**

**What do you like about Le Ala?**

**What don't you like about Le Ala?**

**Has Le Ala helped to raise awareness and address problems of alcohol and drug misuse?**

To contact the evaluators, call:

**Bev James**

**Mob: 0272478353**

**Email: bevjames@xtra.co.nz**

## ANNEX 2: MEETING TEMPLATE: STORY-TELLING GROUPS

1. Meeting Name \_\_\_\_\_
2. Meeting # \_\_\_\_\_
3. Date: \_\_\_\_\_ 4. Venue: \_\_\_\_\_
5. Purpose of meeting \_\_\_\_\_
6. Number attending \_\_\_\_\_

7. Characteristics of participants		
Number of:	Men:	Women:
Community group member		
Intervention participant		
under 20:		
20 – 25:		
26 – 35:		
36 – 59:		
60 and over:		
Ethnic group (name)		
Ethnic group (name)		
Ethnic group (name)		
Ethnic group (name)		

8. For meetings #2 onwards: Have the number and composition of participants changed since the previous meeting? If so, describe: How? Why?

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9. Describe activities at the meeting \_\_\_\_\_

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10. Describe resources used at the meeting \_\_\_\_\_

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11. Describe any cultural protocols that were used and why \_\_\_\_\_

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12. Were any issues or problems encountered? If so, how were they addressed? \_\_\_\_\_

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13. Decisions and follow up from the meeting: \_\_\_\_\_

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14. Things that worked well \_\_\_\_\_

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15. Things needing improvement \_\_\_\_\_

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## ANNEX 3: THREE- AND SIX-MONTH FOLLOW-UP

1. Meeting Name: \_\_\_\_\_

2. Follow up: \_\_\_\_\_

Three month follow-up

Six month follow-up

3. Date: \_\_\_\_\_ 4. Venue: \_\_\_\_\_

5. Purpose of meeting \_\_\_\_\_

6. Number attending \_\_\_\_\_

7. Characteristics of participants		
Number of:	Men:	Women:
Community group member		
Intervention participant		
under 20:		
20 – 25:		
26 – 35:		
36 – 59:		
60 and over:		
Ethnic group (name)		
Ethnic group (name)		
Ethnic group (name)		
Ethnic group (name)		

8. (For six month follow-up only) Have the number and composition of participants changed since the previous meeting? If so, describe: How? Why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Describe activities at the meeting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



10. Describe resources used at the meeting \_\_\_\_\_

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11. Describe any cultural protocols that were used and why \_\_\_\_\_

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12. Were any issues or problems encountered? If so, how were they addressed? \_\_\_\_\_

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13. Decisions and follow up from the meeting \_\_\_\_\_

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14. Things that are working well with the intervention \_\_\_\_\_

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15. Things needing improvement \_\_\_\_\_

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## ANNEX 4: OVERVIEW QUESTIONS: COMMUNITY GROUPS

To be answered at the completion of the intervention for each area:

Auckland, Wellington, Christchurch

NAME OF AREA: \_\_\_\_\_

1. How many groups are established for this area? \_\_\_\_\_

2. How were participants recruited for each group? (describe the processes used)

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3. Why were those particular participants recruited?

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4. What resources are provided for the groups?

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5. Over the project, have the number of groups in this area changed? If so, describe: How? Why?

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6. Describe any evidence of changes that have happened to alcohol/drug use/abuse as a result of the intervention

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7. Who has used the stories and how have the stories been used?

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8. Describe how the intervention is culturally relevant and responsive:

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9. Describe any evidence of building knowledge communities that has happened as a result of the intervention

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10. Describe steps that have been taken to assist the community groups to be sustainable

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11. What factors do you think contribute to the sustainability of the community groups?

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12. What potential do you see for the intervention in this area to be replicated in other contexts?

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# ANNEX 5: DISCUSSION QUESTIONS FOR INTERVIEWS AND FOCUS GROUPS

1. What made you interested in being a part of this story telling group?

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2. Do you think you got enough information about the project at the start?  
*(Explore whether they knew much about the project)*

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3. What did you do in the group? *(describe what sorts of activities)*

- Was there story telling? What did the stories cover?

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- What other activities were there?

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4. Did you have any expectations about what the group would do or achieve?

- What were your expectations?

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- Have your expectations been met?

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- If not, why not?

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5. Do you think the 'mix' or make up of the group worked well? *(Explore why or why not)*

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6. Do you think there are other groups or people that the project should have involved?

- If yes, explore who these are

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- If yes, explore why that didn't happen

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- If no, explore why the make up of the group worked

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7. Who has this group affected?

*(You as an individual? Your family? Your partner? Children? Friends? Wider community?)*

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8. What changes have you noticed as a result of this group?  
*(Explore whether those changes have been positive or negative)*

- Changes for you?

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- Changes for your family?

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- Changes for the community?

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9. What do you think this group has achieved:  
*(include exploring the extent to which there has been capacity building and increase in knowledge)*

- For you personally?

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- For your family?

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- For the community?

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10. What have you learned from being a part of this group?

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11. What things about being in this group did you like the least /got the least from?

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12. What things about being in this group did you like/enjoy/get the most out of?

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13. Do you think this group will continue?

- Why or why not?

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- (If yes) For how long?

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- (If yes) will there be changes in what the group does?

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14. (If the group has stopped) What are you going to do now the group has finished meeting?

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15. What is the group going to do with the stories?

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16. If we were going to do a project like this again, what improvements would you suggest?

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17. What do you think is needed to help Pacific peoples manage their drinking / deal with alcohol-related problems?

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## ANNEX 6: DISCUSSION QUESTIONS FOR RESEARCHERS

1. What have been the main features of your research methodology in this stage?

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2. How did you bring the story telling groups together?

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3. What did you want to achieve for this stage?

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- What do you think was actually achieved?

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- Were the groups implemented as planned?

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4. Overall, how effective do you think the Story Telling approach is?

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- What worked (and why)?

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- What didn't work (and why)?

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5. Do you think any groups will continue?

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6. What is going to happen to the stories?

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- how will they be used?

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- who will use them?

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7. If you were going to do a project like this again, what improvements would you suggest?

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8. What do you think is needed to help Pacific peoples manage their drinking / deal with alcohol-related problems?

- Your views

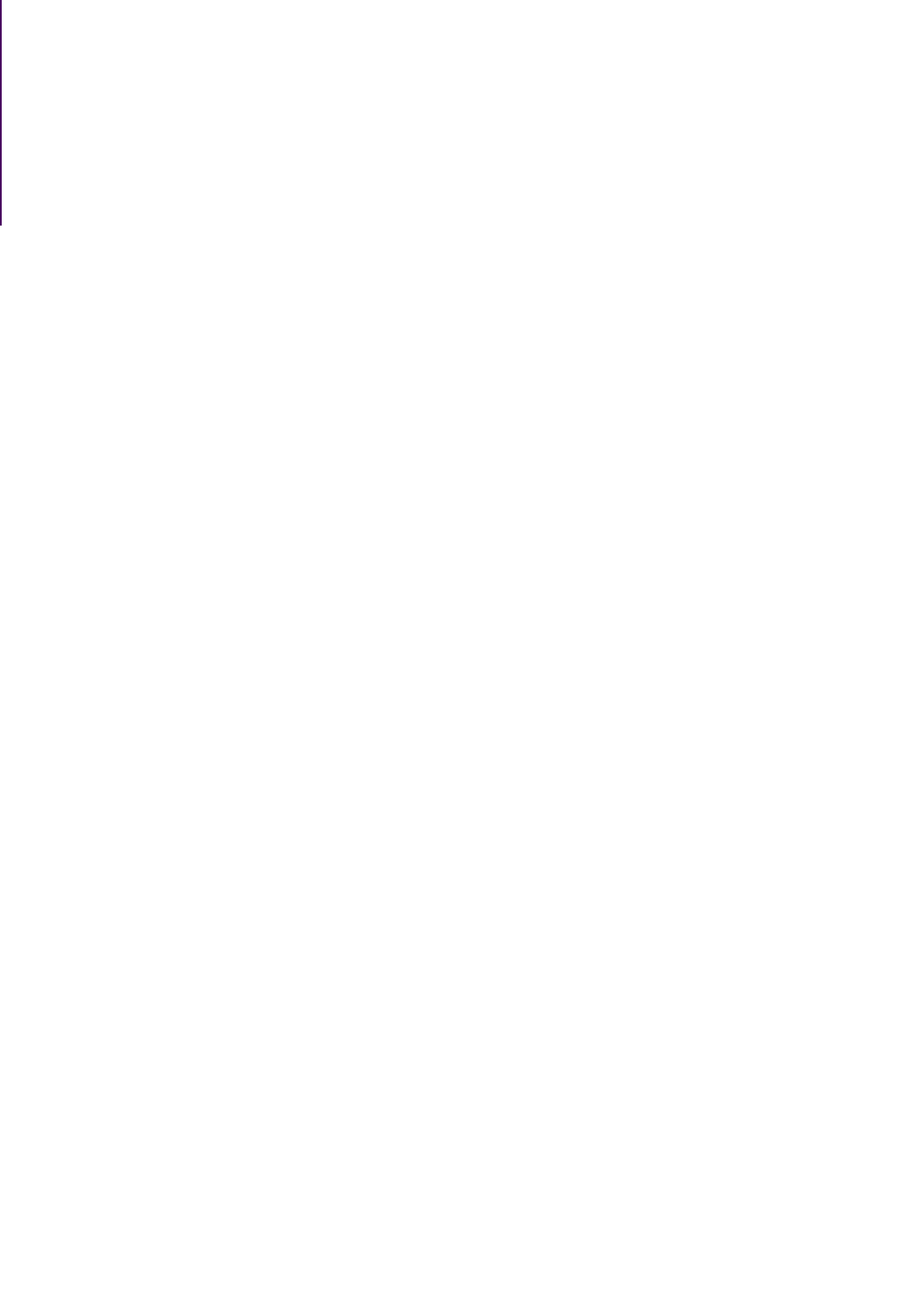
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- Any views expressed by your groups

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Community Action Research