



Community Action on Youth and Drugs Project (CAYAD)

Final Impact Evaluation Report

Summary

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Executive Summary

Background: In 2003 funds were allocated by the Ministry of Health to fund community action projects focused on reducing alcohol and other drug-related harm to young people. Providers in 15 sites across 16 communities around New Zealand were contracted to run the Community Action on Youth and Drugs (CAYAD) projects. The projects are based on earlier projects carried out in six sites (funded by the Ministry of Education and the Ministry of Health) and evaluated by SHORE and Whariki researchers (Conway et al., 2000; Henwood et al., 2001) and further sites have been added in subsequent budget rounds.

Community Action on Youth and Drugs (CAYAD) projects are located in rural and urban settings across New Zealand. Community action aims to promote inter-sectoral collaboration between existing community resources to address social and health problems using a combination of evidence based strategies and local, culturally appropriate, knowledge. Community action is characterised by having a specific focus and clear, evidence based objectives and is closely aligned with local implementation of specific public policies (Casswell, 2001). The application of this approach to include illicit drugs is innovative and developmental. The evaluation of the first phase of CAYAD showed that the projects were viewed as making an important contribution to promoting positive social change in their respective communities. Broad impact measures included decreases in drug-related school suspensions and stand-downs in these areas, decreases in reported incidence of youth crime, changes in attitudes and behaviour related to excessive drug use, and greater co-ordination of services for young people and their families (Conway et al, 2000; Henwood et al, 2001).

The overall goal of the CAYAD project is to reduce alcohol and other drug related harm experienced by young people. The objectives of CAYAD are to:

- Increase informed community discussion and debate
- Promote effective policies and practices to reduce harm by working in partnership with a range of community stakeholders and agencies
- Develop local capacity in areas such as education, employment and recreation to support young people
- Reduce the supply of drugs to young people
- Promote positive whanau responses to substances that threaten the well being of Maori youth.

The Centre for Social and Health Outcomes Research and Evaluation (SHORE) and Whariki (Massey University) were contracted to undertake an impact evaluation of the Community Action on Youth and Drugs Project (CAYAD) during the period May 2004 to June 2006.

Methods: Four CAYAD sites were selected as evaluation sites for the impact evaluation. The main criteria for inclusion were: communities that exhibited a relatively high level of risk factors; sites that exhibited a level of need and community 'readiness'; a range of urban and rural project locations; a reasonable geographic spread throughout the country. Two of the evaluation sites were in provincial cities, and two in much smaller but distinct geographic communities. All evaluation site providers were contracted towards the end of 2003 and staff employed in early 2004. Limited formative evaluation was provided from then until October 2005.

Data collection for the evaluation was based on:

- *Key informant interviews* that covered processes and impacts relating to the CAYAD project. Three rounds of interviews (10-15 in each of the four sites) were conducted during the period November 2004 to May 2006.
- *Surveys of young people* about access to cannabis, amphetamines and alcohol, perceptions of acceptability and drug harms, parental relationships, awareness of project activities and community social cohesion. Surveys were conducted in the four sites in 2004 and 2006.
- *Document analysis of relevant information* Copies of media coverage, meeting minutes and other relevant documents covering the evaluation period were collated and analysed

Limited funding meant that data was collected from only four of approximately 20 CAYAD sites and no control communities were included. The evaluation covered less than two and a half years, which is a relatively short time frame in terms of community action approaches.

Findings: the evaluation sites were generally regarded as still at an early stage of development. This was appropriate given the relatively short duration of CAYAD to date and the longer term nature of community action. There was evidence of progress in most sites over the evaluation period. Many of the issues raised were common across the four evaluation sites but there were some site specific issues which had impaired progress.

Objective One: Increase informed community discussion and debate: this objective received the most focus. Key informant interviews and document analysis suggested that the impact appeared to be confined to discussion more than debate, partly reflecting the early developmental stage of the projects. A number of innovative strategies were used successfully to raise awareness amongst the community and engage with young people. Networking and collaborative work contributed to a high level of drug awareness amongst community and local service providers in the four sites; information sharing with agencies and community people was a key part of increasing awareness of drug related issues. Coverage of CAYAD relevant issues had not been achieved by means of close working relationships with the local media. The results from youth surveys in the four sites show increased perception of harm from the use of amphetamine, marijuana and alcohol. There was also evidence of less acceptability of the use of marijuana and amphetamines.

Objective Two: Promote effective practices and policies: this objective was addressed by a number of strategies. The emphasis was on working within the education sector, particularly schools, where policy and practice assistance was provided. Some activity has demonstrated understanding of the need to build collaborations with other sectors (for example, the development of an early intervention programme in collaboration with the treatment sector) and also a focus on a systemic response to assist schools to reduce drug related suspensions. There were some changes in school policies as a result of CAYAD input, and in two of the sites significant decreases in drug-related suspensions were reported, which may have been in part attributable to the collaborative work undertaken by the CAYAD project. Some work on alcohol and drug policy was undertaken with local sports clubs and Marae.

Objective Three: Increase capacity in areas of education, recreation, employment for young people: key informant interviews and document analysis suggested that the focus on this objective increased somewhat in the latter stages of

the evaluation period. Some progress was made through strong collaborations with education (including tertiary), recreation, employment and health organisations. Motivational activities to improve self-esteem and increase pride and a sense of achievement for young people were prioritised as a first step in building capacity. Youth development and future leadership was a major focus in capacity building; initiatives included youth activities, peer education, youth leadership training, and forums.

Objective Four: Reduce the supply of drugs to young people: Very little activity had addressed strategies to reach this objective, particularly in relation to the supply of illicit drugs. Key informant interviews suggested that the objective was seen as an enforcement issue and one that was best tackled by the Police. Two sites undertook activities to address supply but two did not. Some sites undertook activities to reduce supply of alcohol to young people, including submissions on the purchase age and work with Youth Access to Alcohol projects. The youth survey data indicates that perceptions of youth access to marijuana and alcohol were stable over the time period (although there was some indication of younger groups believing access to marijuana had become more difficult in pubs, sports clubs, Marae and community and recreational centres. In the case of two sites respondents' perceived that there was easier access to marijuana for people of their age, compared with 12 months before, and there was also some sign of a perceived decline in enforcement by the police against marijuana and alcohol.

Objective Five: Promoting positive whanau responses: the key informant interviews indicated that this was considered to be an underlying feature of the projects over the whole evaluation period, given the focus of the four CAYAD projects in communities with high Maori populations and the employment of Maori staff in each sites. Specific developments in this area were not regarded as 'stand alone' but instead were treated as inherent in all the CAYAD strategies implemented by the four sites. There was some indication from the youth survey of enhanced involvement of parents with young people in that there was a significant increase in younger people saying that their parents expected to know where they were going in the daytime. Measures of community perception and social cohesion also showed some positive changes.

Community Action Processes

In order to put into place activities contributing to the objectives a community action approach entails building active collaborative relationship with key sectors within the community. Key informant interviews and documentary evidence suggested that considerable effort had been put into networking and collaborative work with community and local service providers in the four sites. All the sites started off by establishing or strengthening relationships with key stakeholders. However in the second year, stakeholders in three of the four sites noted that they did not feel informed about what CAYAD were doing or achieving. Some sites were stronger than others at translating networks into collaborative actions related to the CAYAD objectives. The survey suggested improved co-ordination among community organisations. More than three quarters of respondents felt that organisations in their community were working together more now to reduce drug-related harm than in the last two years and this did not differ between sites.

The community action approach which is the kaupapa of CAYAD entails a background and facilitative role to enable other organisations to focus collaboratively on strategies to meet the objectives. Key informant and documentary evidence indicate that there have been differing levels of understanding of this role and the tension which is sometimes created by the consequent lack of profile of the CAYAD

project itself. In one site considerable work was undertaken to profile CAYAD in the general population without a clear link to the objectives. The youth survey data indicated that, as would be expected, the population as a whole did not attribute increased community co-ordination to CAYAD.

While it is expected that CAYAD would not have a profile in the general public key stakeholders would be expected to understand and be aware of CAYAD activities. The key informant interviews suggested some gaps in that many participants did not know what CAYAD stood for or the objectives it was trying to reach.

Lack of knowledge of the CAYAD objectives resulted in uncertainty about the project workers' role, particularly earlier in the projects. As is common in such projects there is tension between a role which aims to achieve enhanced inter-sectoral collaboration towards systemic change and a more hands on role. Project workers were exposed to pressure to provide support or programmes for individual or small groups of rangatahi. This resulted in a significant amount of CAYAD capacity being spent delivering youth education and recreation programmes and impacted on the ability of the project to implement strategies across the other CAYAD objectives.

In the initial stages, the sites' main focus was on working with agencies rather than 'grass roots' community people, as is appropriate for a community action approach. This shifted somewhat over time in two of the sites. There was evidence of good participation from and with agencies, and isolated examples of community engagement in promoting change around drug issues

Key informant interviews suggested that CAYAD staff were identified as pivotal to the effectiveness of the project. The importance of the project workers' local knowledge and personal attributes and experience for the positions was highlighted as critical to the success of CAYAD. Community action roles were seen as demanding often involving high expectations of their time and energy. Staff had received varying levels of training and support from their organisations. Community action and planning processes and procedures were suggested as key areas where further training would have been particularly beneficial.

Key informant interviews and documentary evidence suggested that there was inadequate support provided to project workers in some sites. Two of the four sites experienced changes in project staff and/or managers during the evaluation period and lack of adequate processes to deal with this resulted in a significant loss of momentum and direction.

The importance of the CAYAD project being a national project and having the ability to build capacity and transfer learning across communities was emphasised by evidence from the key informant interviews. The support systems initially implemented for CAYAD had ceased during the establishment phase of the project. No longer having a national co-ordination position nor formative evaluation assistance had a detrimental effect on project progress with networks and opportunities for learning and support amongst the CAYAD sites declining over the evaluation period.

The competitive tendering process had impacted on community support for CAYAD. There were issues of 'patch protection' and competition that impacted on way in which information was shared amongst agencies

The need for a long term investment in initiatives of this nature was highlighted by key informants. This included a long term commitment to the resourcing of the

CAYAD sites, to allow them to build momentum and embed the range of strategies required to reduce drug-related harm.

Young people were perceived to be receiving mixed messages from their home environment, the adults around them, and society. Many identified that young people and their whanau/families needed to be involved to influence and effect change regarding drugs and alcohol.

Summary of Findings Regarding Impact

It is difficult to separate out the effects of a specific community action project such as CAYAD from the broader societal changes which both facilitate its implementation and are reinforced by its activity. This is made particularly difficult in the current design by the lack of data from control communities. To draw tentative conclusions about the impact of CAYAD therefore requires a careful triangulated analysis of the data from different sources which can illuminate the general societal trends, the CAYAD processes and the likely impacts.

Any conclusions about impacts also have to take into account that community action projects of this sort are processes which are expected to take several years (some researchers would suggest at least a decade) before showing fruit. The follow up data collection was undertaken around two years after staff had been employed in each of the sites. While all four sites are now mostly well established, they are still in a fairly early developmental stage – which is appropriate for community action projects of this duration. The need for a long term investment in initiatives of this nature was highlighted by key informants.

There is a long term commitment to the resourcing of the CAYAD sites, to allow them to build momentum and embed the range of strategies required to reduce drug-related harm. Therefore the more intermediate impacts, which improve cross-sectoral collaboration and focus community activities at structural and environmental change are relevant to an impact analysis at this stage of the project.

Response to the objectives

The CAYAD projects have focussed much of their activity towards the achievement of Objective One: **Increase informed community discussion and debate** though, as the key informants described, this has been at the level of discussion not debate and no major controversies (often a hallmark of effective community action) have yet occurred. There was an indication from the youth surveys that people had the feeling that community organisations were working together more to reduce drug-related harm which may reflect increased discussion in different fora. Information about drug issues in local radio or newspapers was recalled by about 40% of participants.

The results from youth surveys in the four sites also suggested that the discussion was contributing to change in the appropriate direction with some increase in perception of harm from the use of the drugs asked about (amphetamine, marijuana and alcohol). While these changes varied across sites and age groups and in terms of whether the changes related to regular, occasional use or using once or twice, all of the significant changes observed were in the direction of higher perceived risk. Similarly, there were a number of changes in the perceived acceptability of the use of marijuana and amphetamines; once again the significant changes were in a minority of the questions asked, varied across sites, age groups and the venues or situations asked about but, once again, the direction of significant change was in the direction of less acceptability of use. (The one significant increase in acceptability of use was in relation to alcohol.)

With regard to Objective Two: **Promote effective policies and practices to reduce harm by working in partnership with a range of community stakeholders and agencies** the data suggests that most of the activities in the first two years of these projects, perhaps not surprisingly, have focussed on the education sector. In several cases this work has demonstrated understanding of the need to build collaborations

with other sectors (for example, the development of an early intervention programme in collaboration with the treatment sector but based in schools) and also a focus on a systemic response to assist schools to reduce drug related suspensions.

Objective Three: **Develop local capacity in areas such as education, employment and recreation to support young people** was considered a difficult objective to address by participants in some sites and the response to questions in the youth surveys about participation in skills and knowledge building activity in the survey did not show any evidence of improvement over time; the only change was in the direction of less participation.

With regard to the networking essential to achieving these objectives there is evidence that this has taken place within the sites. In the youth survey, as mentioned earlier, there was a general feeling that there was more co-ordination between agencies working in the alcohol and drug field although, not surprisingly, this was not related specifically to CAYAD. The sites, however, varied in the extent to which such networking developed into strategic and collaborative action. It is apparent from the key informant data that in some cases networking may have become an end in itself rather than strategically designed to focus on key objectives. The competitive funding environment and a consequent patch protection may also be contributing to some sites' slower achievements in this area as may a lack of staff skills and lack of organisational and co-ordination support.

With regard to a key evidence-based objective of the CAYAD project: **Reduce the supply of drugs to young people** there is evidence from the evaluation that there has been a lack of development of possible strategies to achieve this objective, once again probably reflecting lack of support for the CAYAD workers in relation to what is a very challenging and innovative project. The lack of work in relation to this objective is evident in the data from the key informants' interviews, including with the project workers themselves, and is also supported by the survey data in which access to marijuana and alcohol are stable over the two surveys. Particularly concerning is the figure indicating that 60% of the respondents who are able to comment on access believe that it is the same or easier than twelve months ago to access marijuana in schools. In the case of two sites respondents' perceived that there was easier access to marijuana for people of their age, compared with 12 months before, and in one site there was a perceived decline in enforcement by the police against marijuana. There was also a perceived drop in police enforcement against the supply of alcohol to young people in one site. (This is in contrast with amphetamines, where respondents overall perceive high levels of enforcement and there is no change over time.)

The survey data may be interpreted as giving some support to the perceptions of the key informants that amphetamines, in terms of extent of use, need to be kept in perspective in relation to alcohol and marijuana. Among 16 – 17 year olds about 80% say that marijuana is easy or very easy to access whereas among the same age group about 25% say that amphetamines are easy or very easy to access. Perhaps reflecting more general societal trends, as well as the impact of the CAYAD projects, there are indications in the survey of increased awareness of harm from experimentation and occasional use of amphetamines and also of less acceptability of amphetamine use.

A number of questions were asked which reflected respondents' satisfaction with the community they lived in and perception of how socially cohesive the community was. All the significant changes, while scattered across age groups and sites, were consistent in a direction of increased satisfaction and greater social cohesion. There was also some indication of enhanced involvement of parents with younger children.

All of these may reflect the positive impacts of a community action project (however, no evidence regarding broader societal trends is available).

Project activities

The evaluation has demonstrated some evidence of a tension typically found in Community Action Projects. This is the tension inherent in maintaining a sector co-ordination role and therefore necessarily avoiding or minimising direct involvement with young people. Further communication and clarification of the aims and remit of the CAYAD project to key stakeholders and agencies is still required. This is particularly related to the on-going expectations amongst some in the community of CAYAD as a 'hands-on' service provider, involved in the front-line delivery of drug education, rather than coordination and policy development. This issue is especially difficult for project workers in contexts where there is a perceived lack of adequate services.

In this context there has been a perception among some key informants that there has been too much focus on feel good initiatives and a retreat into what may have been excess consultation and information gathering and a consequent lack of activity in regard to some of the more difficult but likely to be effective strategies. This is again a typical occurrence in community action projects and illustrates the need for ongoing strategic support.

To assist with these issues and to meet other staff needs there is a need for ongoing staff development and support. Given the degree of difficulty, and challenges involved in working in communities to reduce use and harm from illicit drugs, it is important that staff are provided with good organisational support, linkage with other CAYAD practitioners, mentoring, high quality and relevant professional development, and that their workloads are carefully monitored. Evidence was provided that belonging to a national project had provided a level of support and legitimacy from which such innovative projects benefit. The evaluation also provided evidence of the negative consequences of a failure to provide such support.

It would appear that a key focus of activities in some of the sites has been raising the profile of projects, particularly amongst the general public. The effectiveness of expending time and resources targeting whole communities needs to be carefully considered, particularly in relation to the expectations that this may create and its synergy with the overall CAYAD remit. Conversely, communication of project activities to appropriate stakeholders/groups needs to be ongoing, given the 'behind the scenes' role that CAYAD may be playing. It was apparent that issues remain in relation to the visibility of some of the projects' work, which was sometimes being overlooked by those working in related fields.

The research has revealed the high expectations that can exist in relation to new projects entering these communities. Such initiatives may be greeted with some scepticism, and a probationary period may be required before community acceptance is gained. This appears to be mitigated when projects employ local people who have existing credibility, and who may be more trusted and readily welcomed than newcomers, and may also be affected by the standing of the organisation within which they are located.