



Creating Partnerships

A guide for Community Drug
Action Teams and Aboriginal Community
Controlled Health Organisations

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The Aboriginal Health & Medical Research Council acknowledges that that it operates and functions on the lands of the Gadigal people of the Eora Nation. We pay our respect to these lands that provide for us and acknowledge and pay respect to the ancestors that walked and managed these lands for many generations before us.

The Alcohol and Drug Foundation acknowledges the people and Elders of Aboriginal and Torres Strait Islander Australia and upholds and respects their respective relations to this land.

Disclaimer: Aboriginal communities are diverse and have different beliefs, cultures and practices. This is a general guide; it does not attempt to represent all Aboriginal communities. The Alcohol and Drug Foundation has used its best endeavours to ensure that material contained in this publication was correct at the time of printing. The Alcohol and Drug Foundation gives no warranty and accepts no responsibility for the accuracy or completeness of information and reserves the right to make changes without notice at any time in its absolute discretion.



Creating Partnerships

A guide for Community Drug Action Teams and Aboriginal Community Controlled Health Organisations

Background

This resource provides a guide for Community Drug Action Teams (CDATs) and those in Aboriginal Community Controlled Health Organisations (ACCHOs) to build connections, work together and support each other to prevent and minimise harm associated with alcohol and other drug (AOD) use in their local communities.

Collaboration can increase the value of community action on a shared goal. Effective collaboration comes from understanding the role each group plays within the community and by learning about the skills and experience each brings to the task. The shared goal is creating better outcomes for communities.

The Alcohol and Drug Foundation (ADF), which supports the work of the CDATs in New South Wales through the Community Engagement Action Program (CEAP), has identified an opportunity to engage more effectively with Aboriginal and Torres Strait Islander communities in order to improve outcomes in the area of AOD use.

As at June 2019, there are 73 CDATs across NSW in urban, rural and regional locations. Of these, 30 already work in partnership with, or are led by, Aboriginal communities and organisations.

The Aboriginal Health and Medical Research Council of NSW (AH&MRC), which oversees the work of its member organisations across the state, has welcomed the opportunity to build connections with its network of ACCHOs. The existing partnerships and involvement of Aboriginal people and organisations in CDATs has provided an excellent basis to extend and strengthen approaches for long term benefit.



Building a Successful Collaboration

The key to improving outcomes and creating change in any community is to work with, and be guided by, that individual community. Each community has specific needs and the ADF recognises that locally-led responses are vital when it comes to preventing and minimising harms caused by AOD.

Careful, sensitive planning and consultation is needed so that both parties can work together to put in place strategies specific to the needs of the local community.

Start the Conversation

CDATs wishing to work more closely with ACCHOs will often start by inviting representatives of local Aboriginal health services or community members to join the group. Conversations with Elders and community members can often lead to opportunities to work together on projects or events that support the goals of both parties and make a significant contribution to harm reduction within the community.

It is important to recognise that working collaboratively is built on trust and respect — without these, progress won't happen.

Choosing the right words and forms of address is important in any relationship, but particularly important to Aboriginal people, all of whom have experienced offensive communication. Non-Aboriginal CDATs approaching ACCHOs or other Aboriginal organisations should ask Aboriginal people how they wish to be acknowledged and addressed. Call an Aboriginal person 'aunty' or 'uncle' only when invited to do so. Check on the acceptability of terms. Ensure consistency and accuracy in all documentation.¹

Discuss — Listen and Learn

Effective communication and shared planning rely on taking the time to sit and talk with the key players and community members you'd like to work with. Be flexible and open to hearing different values and concerns that should be taken into account when planning activities. Have your meetings in each other's venues, or in informal settings away from the workplace.

Each party should take responsibility for their own learning. Be self-aware; understand and challenge your own cultural assumptions and prejudices.¹

Build Strong Relationships

Establishing genuine connections with community leaders and key staff in community organisations and services will form the basis of successful collaborative work. Be clear on your shared goals and strategies and acknowledge common goals.

For non-Aboriginal CDATs, you can demonstrate integrity by carrying out business with Aboriginal people in an open and honest manner. Honour your undertakings and make commitments only on matters where you know you can deliver.¹

Respect the Advice of Elders and Community Leaders

Having built rapport with key players in the organisations you seek to work with, it is vital that the input they offer is acknowledged and accepted. The wisdom, experience and specific local knowledge that Elders and community leaders bring to the partnership will enrich the planning and contribute to project outcomes in important and perhaps unanticipated ways.

Successful collaboration is about working harmoniously with others, sharing openly, respectfully following through, supporting each other and being accountable.

Think about factoring into your planning process enough time for extensive consultation and allowing for changes and adjustments to the process. Time invested in building and maintaining relationships is invaluable and will make your planning process more effective.

Refer to the map online for information on ACCHOs in your local area.

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Working Together

For CDATs

The basis for effective and meaningful collaboration and engagement is respect. Building up trust between partners through understanding and valuing the context of each other's position is a vital element in the process. Understanding the holistic view of health and wellbeing and the importance of the values, beliefs and cultural needs of all community members is essential in ensuring useful engagement and in building effective collaborations at formal and informal levels.

Opportunities for collaborative activities, such as forums, decision-making groups, projects and initiatives can be used to develop trust, advocate, influence and strengthen networks for change.

Importantly, successful partnerships should be recognised, shared and celebrated as models of best practice in collaborative community empowerment. There are many forums in which these success stories can be told — from conference presentations and evaluation reports to email discussion groups, local networks and meetings between organisations.

Extra resources:

- National list of Aboriginal organisations www.oric.gov.au
- National list of ACCHOs www.naccho.org.au
- More information on creating an Aboriginal-informed facilitation practice www.markbutz.com/afn/3219_AFN_brochure_fin.pdf
- More information on working with Aboriginal people and communities www.facs.nsw.gov.au/download?file=321308

For ACCHOs

For the last two decades, CDATs have led thousands of activities across NSW to engage youth and educate parents and the wider community. The CDATs' focus is prevention of AOD harm. With many ACCHOs and local Aboriginal organisations sharing this goal, collaborations can be greatly successful.

CDATs are made up of passionate and involved individuals who hold different voices across the community and who have access to various resources and skillsets. The CEAP program invites ACCHOs to join the conversation and help to create solutions within communities.

As local groups initiate local responses, the scale tends to be smaller so ideas to address issues specific to the area can be accommodated and prototyped. Examples include; action on Fetal Alcohol Spectrum Disorder (FASD), education around secondary supply of alcohol to underage teens, giving residents of local public housing developments a voice, etc. Connect with a CDAT in your area and identify these shared local goal/s. This is an ideal starting place for a successful partnership.

ACCHOs wishing to join a CDAT can visit the map online to identify CDATs in their local area.

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Case Study

The Garlambirla CDAT is made up of both ACCHOs and non-Aboriginal organisations. In this case study, the CDAT gives an example of how these organisations work together.

Case Study:

Garlambirla Youth Community Drug Action Team

Organisations involved:

AIME (Aboriginal Indigenous Mentoring)

Alcohol and Drug Foundation

Boambee East Community Centre

First Peoples Disability Network

Galambila Aboriginal Health Service

Gilingal Giidany

Gurelgham Aboriginal Corporation (auspice)

Headspace

Junaa Buwa! Centre for Youth Wellbeing

Junaa Buwa! Outreach 360

Ngurralla Corporation (Ability Links)

North Coast Primary Health Network

NSW Health

NSW Police

Wesley Mission Australia

Chair:

Teegan Tomkins

Location:

Garlambirla, Coffs Harbour, NSW

Target Audience:

Young people

Key Processes

Start the Conversation

Our CDAT started the conversation with different groups through local knowledge of who was in the area, by attending Aboriginal inter-agency meetings and through individual approaches to Local Land Council and Elder groups. We contacted the Police Aboriginal Community Liaison and talked with local health services and Primary Health Networks.

Discuss - Listen and Learn

Alcohol and other drugs are a common major concern amongst all our communities and for all member organisations of the CDAT. In our local Aboriginal communities, we are seeing a higher level of young people engaged in alcohol and drug use. The well-known fact that Aboriginal young people continue to be disproportionately over represented in our detention centres for drug-related offences is a clear message to government that what has been done isn't working.

Our approach comes from a common goal that was recognised between CDAT members.

Build Strong Relationships

In each Aboriginal community there are cultural protocols which are different from community to community. Aboriginal organisations follow these cultural protocols and ensure that the community is principal in the development and implementation stages of the CDAT goals.

For Aboriginal and non-Aboriginal organisations to work together in a CDAT, it is paramount that the local knowledge of Aboriginal families, kinships and community needs is respected and listened to.

Respect the Advice of the Elders/Community Leaders

We are an open CDAT and have let the Elders decide for themselves who are the right community leaders for the Garlambirla Youth CDAT.

We stay constantly connected to all Elders, let them know what's happening in the Garlambirla Youth CDAT and ask regularly if they have any availability to become a CDAT member. This approach ensures that the CDAT always has at least one Elder as a member, and that



we are also communicating to all Elders, gaining local insight from them.

Recently our local Gumbayngirr Elder, Aunty Bea Ballangarry, held a Mother's Day breakfast and fundraiser for our Garlambirla Youth CDAT. Events such as this not only support our CDAT but also provide us with opportunities to work with our Elders in their passion areas and talk to community members who are interested but who may only come to one event a year.

Build Shared Goals

CDAT members work together to decrease the impact of drug use in the youth community across the Garlambirla region. Each year we meet to assess our progress, adjust our direction and invite the relevant stakeholders to the table.

As a part of our annual review process, we map regional priorities against previous goals and organisations' KPI's. This process increases community buy-in through the enhancement of community initiatives. This important step aligns services and the community to begin the difficult work of highlighting and addressing the needs of our Aboriginal community.

Currently the Garlambirla Youth CDAT is working on educational resources for parents, grandparents, carers and community members around harm minimisation and AOD knowledge. We are also collaborating between current services to develop mentor opportunities and positive youth-focused activities.

Work Towards These Goals

Garlambirla Youth CDAT members bring a wide range of skills and interests to the table. We are not an inter-agency, we are a working party of committed community members ranging from local government through to educational organisations, Elders and NGOs.

To keep everyone engaged, we have formed sub-committees to ensure everyone's skillset and passion areas are aligned and working towards our goals.



For instance, we have a research sub-committee which is focused on researching harm minimisation techniques and prevention toolkits from around the world that could help us in tackling AOD harms in the local Aboriginal youth community.

We also have a public relations sub-committee which is focused on promoting the Garlambirla CDAT and strengthening relations in the community.

Creating a Comfortable Workflow

We hold regular meetings, phone calls and gatherings.

Each meeting, we discuss agenda items which need to be completed before the next meeting and which committee members are responsible to email the progress of these items to the rest of the cohort.

Outcomes

An activity funded through the CDAT was a four-day Aboriginal cultural camp named Gaamung-gundi Muya - 'Spirit of the Girls'. The camp was for young Aboriginal women from the Coffs Harbour/Gumbayngirr region and was attended by 33 Year 8 and 9s from Coffs Harbour High School, Woolgoolga High School, Orara High School and Toormina High School. The camp was held at Scott's Head Christian Youth Centre.

The aim of the camp was to create strong and connected young women with enhanced self-esteem and confidence.

The young women participated in:

- personal development such as self-esteem workshops, vision boards and goal setting
- education around health, smoking and AOD
- physical activities such as high ropes and surfing
- cultural activities including circles held by custodian of camp and Gumbayngirr Elder Aunty Bea Ballangarry, yarning pit, language and dance.

AOD Issues in Aboriginal Communities

There is a clear equity issue in Australia, with Aboriginal and Torres Strait Islander people experiencing disproportionate harms from AOD use.

The most recent National Aboriginal and Torres Strait Islander Social Survey was completed in 2014-15 and covers a range of health topics, including the use of alcohol and other drugs.²

This survey, along with many others, has consistently found that:

- Aboriginal and Torres Strait Islander people are less likely to drink alcohol than other Australians
- of the Aboriginal and Torres Strait Islander people that do drink, they are more likely to drink at levels that cause harm.²

We also know from this data that:

- the death rate from alcohol consumption was five times higher among Aboriginal and Torres Strait Islander people than other Australians
- the rate of drug-induced deaths (which can include the use of multiple drugs at the same time) was 1.9 times higher for Aboriginal and Torres Strait Islander people than other Australians
- 69% of Aboriginal and Torres Strait Islander people report that they had never used drugs or have not used them in the last year.²

About CDATs

The Community Engagement Action Program (CEAP) is a community development initiative which began at the time of the NSW Drug Summit in 1999. The program has a strong history of engaging community and promoting awareness and action on AOD issues through Community Drug Action Teams (CDATs). The program is managed by the ADF and funded by the NSW Ministry of Health.

CDATs are usually made up of a mix of local residents, business people, AOD workers, representatives from community, youth, intercultural and faith-based organisations plus representatives from local government and state government agencies. The participation of local ACCHOs lends an important strength to the group.

Preventing and reducing harms from alcohol and other drugs can be approached in many ways, tailored for the specific needs of the local area. This can include running community initiatives, education programs, support programs and activities such as event days or camps.

CDATs also work to influence important change like managing availability of alcohol in the community through liquor license impact statements.

Refer to the map online for information about CDATs in your local area.

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About the AH&MRC

The Aboriginal Health and Medical Research Council of NSW (AH&MRC) is the peak representative body and works for its membership across NSW to ensure accessibility to an adequately resourced and skilled workforce who provide high quality comprehensive primary healthcare services for Aboriginal communities.

The AH&MRC works in collaboration with other Aboriginal Health and non-Aboriginal health partners to systematically address the social determinants of health and wellbeing. The Little Bay Campus objectives are to support efforts to redress health inequalities for Aboriginal peoples in NSW. To achieve this, there must be an opportunity for cultural safety and competency training for all health professionals and staff working in Aboriginal Community Controlled Health Services and mainstream health services.

AH&MRC is committed to building sustainable programs that promote professional development and up-skill its Aboriginal workforce. AH&MRC provides courses based on sector request, such as Cert IV Mental Health, Diploma of Counselling and other short courses.

The AH&MRC Human Research Ethics Committee (HREC) operates as a fully constituted HREC under the National Health and Medical Research Council (NH&MRC) legislation. The AH&MRC must also review all applications as greater than low-risk and approval is for all participants, not just Aboriginal participants.

A role of the AH&MRC Ethics Committee is considering applications for ethical approval for research projects and to ensure that the project represents the views and interests of Aboriginal people across New South Wales.

An Aboriginal Community Controlled Health Organisation (ACCHO) is a primary healthcare service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate healthcare to the community which controls it, through a locally elected Board of Management.

ACCHOs are located geographically across each state in Australia. AH&MRC have 46 registered member service ACCHOs within NSW.

The services provided by ACCHOs, primarily AOD services, are important and acknowledged. The range of approaches that are offered but not limited to include:

- detoxification admission and discharge support
- counselling
- support groups, both women's and men's
- information and education to individuals, communities and high school students
- advocacy and referral to other services and agencies which may assist in the individual's recovery.

These services are provided with support to Aboriginal communities and individuals wishing to make positive changes in their lives.



Taking Action

Working in partnership is key to any successful collaboration between CDATs and ACCHOs. To improve outcomes for Aboriginal communities in regard to AOD, the actions and outcomes must be defined by and be beneficial to these communities.

Consult the maps provided on the CDAT section of the Alcohol and Drug Foundation's website to locate CDATs or ACCHOs near you and use the guidelines in this document as a framework to plan activities and build those necessary connections.

For more information on the CDAT program and to view the maps, visit:

Visit bit.ly/creating-partnerships

References

1. Victorian Government Department of Human Services. (2006). *Building better partnerships - Working with Aboriginal communities and organisations: a communication guide for the Department of Human Services*
2. Australian Indigenous HealthInfoNet. (2019). *Summary of Aboriginal and Torres Strait Islander health status 2018.*
3. Australian Institute of Health and Welfare. (2016). *Illicit Use of Drugs.*

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