

Community Law Alcohol Harm Reduction Project

A formative evaluation

February 2021

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Thank you to everyone who participated in this evaluation.



Main Messages from the Community Law Alcohol Harm Reduction Project

The Community Law Centre (CLC) Alcohol Harm Reduction Project (AHRP) has shown that the quality and effectiveness of community objector participation in the Sale and Supply of Alcohol Act (SSAA) process is improved through support from CLCs. The evaluation of this demonstration project suggests that strengthening and expanding the service will further improve outcomes, helping reduce alcohol-related harm. The service should be strengthened and expanded in the following ways:

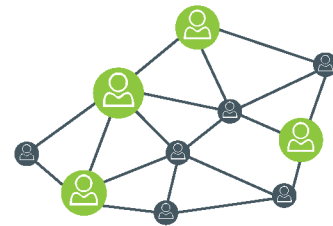


Provide a means for community objectors to have legal representation at the District Licensing Committee and appeal hearings. This is necessary to overcome the present 'David and Goliath' situation, whereby community objectors who cannot afford legal representation must self-represent. Meanwhile alcohol licence applicants have legal representation, including the use of specialist lawyers.

We note that Te Tiriti o Waitangi is not referred to in the Act. Alcohol related harms have significantly impacted Māori. Māori have an expectation of being active partners in any regulation aimed at preventing harm to them and others: their voices need to be front and centre in any community process which is deciding alcohol licensing matters. Māori have a right to partake in proceedings in Te Reo Māori and to be heard and to be respected for their views in a spirit of partnership and empowerment. We recommend that this is explicitly addressed in any legislative reform.



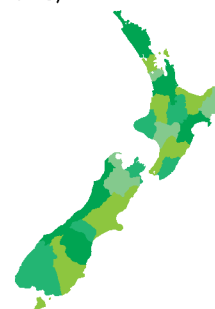
Make the service available to populations that are at increased risk of alcohol-related harm, regardless of neighbourhood deprivation. This is especially important for Māori and Pacific populations.



Supply CLC Champions, who are the service providers, with resources and support to develop and nurture enduring relationships with community-based influencers, such as kaumātua, religious leaders, Māori Wardens, and school principals. Having such a network will mean that when a licencing application is made, the Champion can call upon known, informed, influencers, inviting them to reach into their communities regarding the application and the urgent need for action (bearing in mind the 15-day window for lodging objections).



Include licence renewals in the scope of work for the AHRP service. This will support community objectors who seek tighter licence restrictions on alcohol outlets in their neighbourhoods, which will reduce alcohol-related harm.



Make the AHRP service available throughout Aotearoa New Zealand. The demonstration project has shown the value of this service, which should be continued and expanded.

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EXECUTIVE SUMMARY

Allen + Clarke evaluated the Community Law Centre Alcohol Harm Reduction Project (AHRP) in the final quarter of 2020, commissioned by Te Hīringa Hauora/Health Promotion Agency. The AHRP is a demonstration project, with six Community Law Centres (CLCs) participating.

The formative evaluation addressed the question:

Is the continuation of the AHRP work desirable from the point of view of empowering more deprived communities to better participate in the legal decision-making process regarding the grant or refusal of alcohol licences thereby improving access to justice?

The simple answer is: Yes: the continuation of the AHRP work *is* desirable; and the outcomes could be even better with some fine-tuning and expansion.

Through interviews (individual and small-group) and a survey, we engaged with people associated with the six CLCs, including clients, service providers, and other associated agencies.

Seven 'success factors' related to the evaluation question were identified by Te Hīringa Hauora and the Community Law Centres o Aotearoa at the inception of the demonstration project. We used these 'success factors' to inform the development of interview guides and the survey instrument. Below are our evaluative judgements in respect of these seven success factors; followed by opportunities for enhancing the AHRP service: some identified by evaluation participants, and others identified by us, as evaluators, considering all that we have learned through this evaluation.

Success Factor 1: Communities disproportionately affected by harm are supported to increase their participation in the Sale and Supply of Alcohol Act process

Although we did not have any quantitative data to find out if there has been increased participation in the licensing process by people living in more deprived communities, the qualitative data suggests that CLC AHRP service providers (Champions) have proactively enabled the improved quality and effectiveness of community objector participation.

Increased participation and better quality participation in the licensing process have been observed.

Positive relationships between organisations are enablers of community participation.

For some community objectors, the CLC AHRP service has built their confidence to engage in the SSAA process in the future, but most would prefer to have the support of the service rather than to engage alone.

Success Factor 2: Those supported by CLCs feel heard

Community objectors supported by CLCs 'feel heard' when applications are withdrawn; but when applications progress to a DLC hearing, 'feeling heard' is considerably less likely.

There are significant barriers to 'feeling heard' when the process includes a DLC hearing, mainly because of a 'David and Goliath' imbalance brought about by the lack of legal representation for community objectors who are unable to afford legal representation.

Success Factor 3: Communities involved understand the decision reached

DLC decisions generally appear to be understood by community objectors, with Champions explaining any aspects where clarification is sought.

Success Factor 4: Communities require less support in the future because skill level has increased

Less support may be required over time, especially if an individual frequently lodges objections, but this should not be confused with no support being required. Community objectors generally need highly-informed support in order to effectively participate in the process.

Success Factor 5: Communities feel there is a levelling of the playing field

Working to the extent of their remit, CLC Champions delivering the AHRP have made a positive start toward reducing inequity, but inequity has not been eradicated: the playing field is not level. The major impediment to creating a level playing field is the lack of legal representation for CLC AHRP clients.

Success Factor 6: There are good outcomes, with applications being withdrawn, applications declined, and conditions on licences being increased or maintained

Anecdotally, the AHRP has contributed to several applications being withdrawn; and there is anecdotal evidence that in some regions, planned applications are not being lodged, on the advice of specialist lawyers that the body of community objections will be overwhelming.

Success Factor 7: Communities are inspired, empowered, and strengthened

There is more work to be done outside of the licensing process by CLC Champions in order to empower communities. Enduring relationships with community influencers, especially Māori and Pasifika, will help strengthen the capacity of the community to rapidly respond when licensing applications are made.

There is some evidence from community objectors that their communities have felt inspired, empowered, and strengthened through their experience, but this tends to align with the success or otherwise of their objections, and/or the extent to which they felt respected at the DLC hearing.

Opportunities to enhance the AHRP service

The principles of Te Tiriti of Waitangi need to be brought to the fore

A lack of a Kaupapa Māori, 'by Māori, for Māori', approach creates barriers to communities that are disproportionately affected by alcohol participating in the alcohol licensing process. The AHRP

can go some way towards preparing Māori stakeholders for an environment that does not appear to operate consistently with Te Tiriti o Waitangi. It would be more appropriate for the Ministry of Justice to review both the DLC process and also the operation of the SSAA in terms of its consistency with the Crown's obligations under Te Tiriti.

As a minimum, one way to enhance the AHRP in this respect, would be the inclusion of a third CLCA Coordinator, with specific responsibility for creating and maintaining links with iwi throughout Aotearoa New Zealand, and bringing the Champions into that network.

Provide AHRP services to population groups that are most at risk, regardless of neighbourhood deprivation

There is considerable merit in expanding the remit of the service to include support for the most at-risk population groups, regardless of deprivation. Expanding the service in this way is aligned with the Community Law o Aotearoa's Strategy 2017 – 2020, in which Te Tiriti o Waitangi is central; and with the Te Hiringa Hauora's commitment to recognise and respect the articles of Te Tiriti o Waitangi. Through this expansion, the AHRP would lead by example, addressing the oversight that Te Tiriti is absent from the Act.

Include legal representation in the remit of the Champions

The omission of legal representation from the Champion role considerably limits the potential of the service to enhance participation by people living in high deprivation neighbourhoods. Regulatory agencies and those in the alcohol harm prevention space told us that allowing the Champions to represent communities would make a real difference to the experience of participating in DLC hearings.

Proactive engagement in the renewals process may reduce alcohol-related harm

There is an opportunity for proactive engagement with communities in advance of the three-yearly renewal application, facilitating the collection of robust evidence in support of objections aimed at tightening the licence conditions. An advantage of this extension to the service is that tightening the licence conditions is a genuine reduction in alcohol exposure, reducing harm from alcohol.

There have been licensing applications in regions without CLC Champions that may have benefitted from the AHRP service

Among Champions and people from regulatory agencies, it was hoped that the service (or a version of it) will be extended to cover all of Aotearoa New Zealand, for everyone living in highly-deprived neighbourhoods.

Focused support would help CLCs establish networks

If the service is extended to provide wider geographical coverage, new services would benefit from additional resource specifically to focus on network-building. We suggest a special focus be given to building relationships with community-based kaupapa Māori services and other services that support populations that are most at risk of harm from alcohol.

INTRODUCTION

Background

The demonstration Alcohol Harm Reduction Project 2018-2021 (AHRP) was established by Te Hīringa Hauora/Health Promotion Agency with Community Law Centres o Aotearoa (CLCA). The AHRP aims to improve community engagement in local alcohol licensing procedures introduced under the Sale and Supply of Alcohol Act 2012 (the Act). One of the objects of the Act is to minimise the harm caused by alcohol; which includes harm to the community (section 4(2)(b) of the Act). The Act also provides a mechanism whereby territorial authorities can adopt local alcohol policies, after appropriate consultation. (Part 2, Subpart 2 of the Act).

In 2018 five Community Law Centres (CLCs) were funded through Te Hīringa Hauora for three years, with a sixth added in 2019, to provide the AHRP service. At the time of this evaluation, the service was being delivered through CLCs in Taitokerau, Auckland Central, South Auckland, Waikato, Wellington and Hutt Valley, and Canterbury and West Coast.

The CLCs were contracted to establish a service delivery model that would provide an agreed level of support, to communities experiencing a disproportionate level of alcohol harm. This would enhance the effectiveness of community participation in local alcohol decision-making processes. The Service Delivery Model included national coordination; support for up to six local community champions to develop skills in making objections to alcohol licensing applications and preparing submissions for District Licensing Committee (DLC) hearings; and delivery of up to four legal education sessions targeted to 20 communities over the three-year contract.

Other stakeholders that Champions were to meet and develop a working relationship with were the three regulatory agencies under the Act: the local Police Alcohol Harm Prevention Sergeant; the Medical Officer of Health (or their delegate(s)); and the Licensing Inspector (based in the territorial authority). These agencies are involved in the licensing process, all reporting to the DLC on the appropriateness of each licence application.

Alcohol harm is disproportionately experienced by people living in communities with higher socioeconomic deprivation.¹ For the AHRP, the socioeconomic deprivation index used is the New Zealand Deprivation Index, or NZDep, developed by the University of Otago, based on data from the four-yearly Census of Population and Dwellings. NZDep works at 'neighbourhood' level, where each 'neighbourhood' is a mesh block, as used in national surveys such as the Census. All of the 'neighbourhoods' across Aotearoa New Zealand are evenly distributed across declines: NZDep1 – NZDep10. In the six CLC's providing the AHRP service, people living in neighbourhoods classified as NZDep 08, 09, 10 are eligible for the full service. However, it is understood that some CLC's also provide some services to communities that generally experience greater harm from alcohol, such as Māori or Pasifika, regardless of neighbourhood deprivation.

To qualify as a community objector, individuals must prove to the DLC that they have a greater interest than the public generally. In the regions where the CLC AHRP demonstration project has been undertaken, this generally meant that community objectors needed to live or work within a

¹ Regarding Māori, see <https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-awe-o-te-hauora-socioeconomic-determinants-health/neighbourhood-deprivation>; regarding Pacific peoples, see <http://pasifikafutures.co.nz/wp-content/uploads/2015/06/PAF0018-Pasifika-People-in-NZ.pdf>

prescribed radius of the proposed premises, which varied from one to two kilometres, depending on the region.²

The Champions told us how the AHRP usually works in their region. This information has been brought together into a process flow diagram, in Figure 1. We note that generally work described in the ‘Relationship-building’ phase is in an early stage of establishment. Even when relationships are established, consistent maintenance is needed, so that relationships can be rapidly leveraged when a licensing application is advertised.

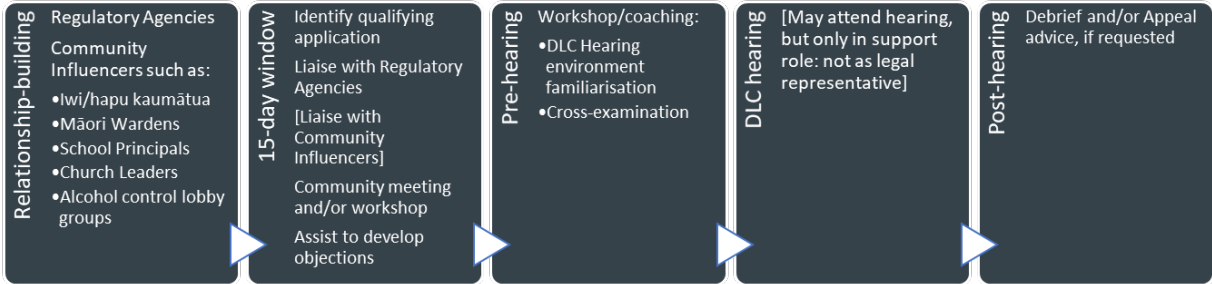


Figure 1: The process flow for CLC Champions

Research questions and objectives

This evaluation assumed that:

- Reducing harm from alcohol and improving access to justice are desirable community outcomes in and of themselves, without weighing them against other societal and community outcomes, such as economic activity or employment opportunities.
- Reducing the availability of alcohol for sale will reduce (or minimise the increase in) community-based alcohol related harm.
- The current alcohol licensing process is legalistic and adversarial in nature, resulting in substantial barriers to community participation.

These assumptions provide important context for the AHRP. The AHRP provides a support service aimed at empowering communities to better participate in a legalistic process established under the Act. Previous research³ has highlighted considerable barriers to effective community engagement with the Act and highlighted the need for changes to the legislation. The AHRP aims to remove or reduce some of these barriers but its ability to do so is limited by the current legislative framework.

This formative evaluation aimed to answer the question:

² For more information, see <https://www.alcohol.org.nz/node/756>
³ Ryan-Hughes, N. (2018). Sale and Supply of Alcohol Act (2012) Community Experience Survey. Wellington: Health Promotion Agency.

Is the continuation of the AHRP work desirable from the point of view of empowering more deprived communities to better participate in the legal decision-making process regarding the grant or refusal of alcohol licences thereby improving access to justice.

This research question was addressed by drawing on ‘success factors’ that had been identified in the supporting literature accompanying the Request for Proposals (*Positive Outcomes for the AHRP*). The success factors (SF) are listed below.

- SF1. Communities disproportionately affected by harm are supported to increase their participation in SSAA [that is, the Act] processes.
- SF2. Those supported by CLCs feel heard.
- SF3. Communities involved understand the decision reached.
- SF4. Communities require less support in the future because skill level has increased.
- SF5. Communities feel there is a levelling of the playing field.
- SF6. There are good outcomes, with applications being withdrawn, applications declined, and conditions on licences being increased or maintained (rather than reduced).
- SF7. Communities are inspired, empowered, and strengthened.

Whilst not research questions, these success factors provided the evaluators with a clear understanding of what ‘success’ looks like for the AHRP.

Te Hiringa Hauora intends to look at these questions further in future work, such as an analysis of quantitative information or other qualitative work. This may help to better understand the impact the AHRP is having in reducing barriers for community engagement with the Act.

Report structure

The report is in three sections: Main Messages (one page), Executive Summary (three pages), and the substantive report, (the present section), which includes a brief description of the methods used and then addresses each of the seven success factors, providing our evaluative judgement and a summary of the evidence that supports those judgements (25 pages).

METHODS

Coordination

Te Hiringa Hauora liaised with the Champions to provide contact details for 47 potential participants we could directly engage with for this evaluation. Te Hiringa Hauora did not expect that we would engage with everyone, and they noted that people working in Public Health were likely to be busy with COVID-19 work. We liaised with the Champions to arrange their interviews, and we requested their support to alert other potential interviewees associated with their service that we would contact them, inviting participation. We distributed a combined Information Sheet and Consent Form (see Appendix A: Information Sheet and Consent Form) along with our invitation to participate. We also sought the Champions’ assistance to distribute a client survey, assuming that they would have contact details for present and former clients.

Data Collection

Interview guides and a survey instrument were developed (see Appendix B: Data Collection Instruments), guided by the seven success factors listed in the previous section. The answers to our questions, tied to the success factors, were expected to reveal the extent to which communities were empowered through their engagement with the CLC service. Most interviews were conducted via Zoom and were recorded so that the accuracy and completeness of our notes could be checked. Individual and small-group interviews were used, and we ran two group interviews as virtual focus groups. We engaged with 33 people, covering all six CLC's; people from the three regulatory agencies; three people from organisations that provide similar services; a manager from CLCA, and a manager from Te Hiringa Hauora. As well as being online, the survey was provided to Champions as a PDF, enabling them to give a paper copy to anyone unable to access the internet. The survey went 'live' and was distributed on Tuesday 10 November. It remained open until Monday 30 November. To encourage participation, respondents were invited to enter a draw for a \$50 supermarket voucher, with one voucher to be draw for each of the six regions. On two occasions, in liaison with Te Hiringa Hauora, we requested Champions to remind their clients about the survey. Responses were received from 17 people from five CLCs. Please refer to the Methodological Limitations section, especially regarding the survey findings.

Analysis

Interview data was uploaded to NVivo, where a coding frame was developed in alignment with the seven success factors. Survey responses were analysed directly, using the same coding frame. Thematic analysis was conducted, with the outputs summarised in the Findings section that follows, accompanied by quantitative aspects from the survey. We urge caution in the interpretation of the survey findings, due to the low number of responses and the uneven distribution of responses across the regions. Please see the Methodological Limitations section.

In developing this report, we have subjectively assessed the data gathered so that when we provide examples, for instance, we begin with those we felt to be most compelling in the development of our evaluative judgement.

Methodological limitations

We had limited choices for how to engage with service users

This evaluation was carried out in the final quarter of 2020. It was time-pressured, with the evaluation report sought in a timeframe that did not allow time for us to apply for human ethics approval, which would have been necessary for direct engagement with service users. Consequently, we needed to engage indirectly. Also limiting our options for modes of engagement was COVID-19. In the 'social distancing' environment, best practice was for virtual engagement rather than in-person. Our experience of similarly constrained evaluations suggested a survey to be the best way forward. If there had been sufficient time to achieve ethics approval, even in the COVID-19 environment, we would have attempted to run virtual focus groups with service users, with a fall-back to small-group interviews. Even so, this approach would have rested on the same assumptions described in the Background section, that Champions held contact details for service users and would distribute an invitation to participate.

The survey had a small number of responses, with high variation in participation by region

With just 17 responses to the survey, we feel the sample size is small. However, Te Hiringa Hauora was unable to quantify, at the outset of the evaluation, what ‘good’ would look like in terms of a sample size. In planning the evaluation, we assumed that the survey would be distributed by Champions to people who had been their clients, further assuming that Champions would have contact details for people they had assisted. In hindsight, these assumptions may have been incorrect. The survey link was distributed to Champions, followed by two reminders that also included the link; and we also supplied Champions with a portable document format (pdf) version of the survey for printing and distributing to clients who did not have internet access. No hard-copy responses were received. Of additional and perhaps more concern is that the number of responses from each CLC region was poorly balanced, as illustrated in the table below. This means that the views expressed in the Findings section, from the survey, are considerably formed through engagement with the Canterbury West Coast CLC – which has been delivering the AHRP for longer than other regions, having been the pilot site – and may not be a good indicator of client experiences, particularly from different ethnic groups, elsewhere.

Table 1: Number of survey responses by CLC region

| CLC | Number of responses |
|-------------------------------|----------------------------|
| Taitokerau | 2 |
| Auckland Central | 0 |
| South Auckland | 1 |
| Waikato | 2 |
| Wellington Hutt Valley | 2 |
| Canterbury West Coast | 10 |

Participation in interviews was uneven across the six regions

Te Hiringa Hauora, in conjunction with the AHRP Coordinators, provided us contact details for 47 potential participants, principally from the CLCs and the regulatory agencies. We invited all 47 people, with 33 participating. This overall level of participation is within expectations. However, there was low participation from the Taitokerau region. Of the nine people from Taitokerau who were invited, three participated. When this low response became apparent during recruitment, we sought and received recruitment support from the CLCA Coordinator, and we invited two key stakeholders from the region to provide written submissions, but no input was received. Consequently, the views expressed in the Findings section, from the viewpoint of Champions and representatives from the regulatory agencies, are poorly informed by the experiences in the Taitokerau region compared to the other five regions. As such, these findings may not be a good indicator of the extent to which people in Taitokerau have been assisted to participate in the alcohol licensing process.

Further, the evaluation findings, and therefore the evaluative judgements, may have been influenced by self-selection bias. That is, the 33 people who participated in the evaluation may have been more positively disposed to the AHRP compared to the 14 people who were invited to participate but declined.

FINDINGS

The evaluation findings are summarised below by success factor. Each section begins with the success factor; information about which groups of participants contributed to our findings; our evaluative judgement; and then a summary of the evidence.

Increased participation and better quality participation in the Licensing process have been observed

Success Factor 1: *Communities disproportionately affected by harm are supported to increase their participation in the Sale and Supply of Alcohol Act process* was addressed through questions posed to the full range of evaluation participants: Champions, people from regulatory agencies, clients, managers, and people from similar services.

Above (see Background) we have described our understanding of the eligibility criteria for accessing the AHRP service.

Our evaluative judgement:

Although we did not have any quantitative data to find out if there has been increased participation in the licensing process by people living in more deprived communities, the qualitative data suggests that Champions have proactively enabled the improved quality and effectiveness of community objector participation.

To assess the extent of increased participation in the processes surrounding the Sale and Supply of Alcohol Act 2012, we first wanted to find out what was working well and what was not working well with the AHRP service. We focused largely on services provided by Champions in the 15-day window between the licensing application being advertised, and the final date for public objections.

The 15-day window is a barrier to participation. Providing support during this period will increase participation. In this time, the Champion needs to rapidly become aware of the application; determine if it is within the scope of the AHRP; inform the community; and assist people to develop and lodge appropriate objections. One Champion estimated it would be uncommon for a new alcohol licensing application to be made in the same neighbourhood (that is, living within the prescribed radius of the proposed site) more than five-yearly. Consequently, most communities do not have an established, informed lobby group (or similar) that is ready to respond from Day One. However, there were three applications in one town, all lodged within a matter of weeks, exhausting the community, and taxing the Champion.

Finding out about the application on Day One is important for the Champion. How they find out differs by region. In some regions, Day One is the day the application is advertised on a designated website – others advertise in the Public Notices of local newspapers. Some Champions have set up website ‘alerts’, ensuring immediate notification. More commonly, Champions learn of an application when they are contacted by a regulatory agency, either because they have a concern, or they have been contacted by a member of the public. In one such case, a Champion described that the closing date for objections was three days away.

More often than not, community members are unaware of alcohol licensing applications, only hearing about these through active community reach-ins. In their capacity as Champion, some have worked to establish links with community-based influencers; others have drawn on personal, well-established networks borne of factors such as extended time living and working in the region, and an ethnic identity that is shared with priority populations; others yet again reported having underdeveloped community networks. When good networks exist, Champions use them to inform the community that an application has been lodged, and commonly, that a public meeting has been planned. Such meetings focus on informing people of the licencing process, including what constitutes appropriate evidence; and how the CLC can assist, should people wish to lodge objections. Where Champions have low or no community links in the impacted area, trying to inform community members of the application and calling a public meeting can be time-consuming and can result in poor attendance and low participation.

The following are examples, described by Champions, of enabling increased participation.

- Champions frequently assist community objectors to develop their objections. Without this assistance, it is possible that some of these objectors would not have participated.
- Several Champions described working with community objectors for whom English is not their first language. One person assisted someone with dyslexia, and two described assisting people who could not read or write. Champions are of the opinion that without their assistance these people would not have participated in the licensing process.
- In one case, an agreement was reached with authorities for people to lodge objections locally, rather than travelling to the city to do so. Six to eight objections were received through the local service.
- Champions have helped community objectors to collect and present appropriate, robust evidence, ensuring confident, well-informed participation.
- Beyond the 15-day window but prior to the DLC hearing, when the standing of a community objector was challenged, the Champion assisted the community objector to mount an appeal, enabling participation. The Champion noted that when the standing of community objectors is challenged at a DLC hearing, the objector has neither the time nor knowledge to counter the challenge.
- Beyond the 15-day window but prior to the DLC hearing, Champions provide orientation and sometimes also coaching sessions including “how to address the chair; cross examining and being cross-examined by a lawyer,” (Champion) aiming to increase the confidence and comfort of community objectors in the DLC hearing environment, thereby enabling enhanced participation. But, as one Champion noted, “It’s never enough”:

This is a practical, focused workshop: I am trying to teach them in 90 minutes what a law student gets a whole course on.

Positive relationships between organisations are enablers of community participation

The relationship between the regulatory agencies and the Champion is an important enabler of increased participation by community objectors. Above, we described how some Champions have learned of an application through a regulatory agency. Regulatory agencies also provide Champions and/or objectors with information that will inform the objection(s). Timely access to such information is essential, especially given the 15-day window.

In some regions, there is an opportunity to strengthen the relationship between Champions and regulatory agencies. This opportunity is recognised from both directions, and to some extent, low relationship status was related to comparatively low understanding of the Champion's role and remit by the regulatory agencies, with more expected of the Champion than they are contracted to provide. Weaker relationships were variously attributed by regulatory agency staff to Champions having insufficient time to build and maintain networks, staff turn-over at CLCs, and that people appointed as Champions may have little experience and/or passion for this type of work. Regulatory agency staff generally hoped for frequent, planned communications from and/or meetings with Champions: "Maybe we should get together every three months," (Regulatory Agency rep). In areas where the public can be late to hear about an application, evaluation participants from some regulatory agencies would like to see a Champion-led, proactive process for informing communities. In contrast, other evaluation participants expressed their understanding that such a process is within the remit of the regulatory agencies. Some regulatory agency participants expressed their willingness to be involved in public meetings – working alongside the Champion. In contrast, other evaluation participants expressed their understanding that such a process is within the remit of the regulatory agencies. In one region, where the relationships between the CLC and the regulatory agencies are strong, a person from a regulatory agency commented:

The project [to increase participation in the process by people living in areas of high deprivation] would not have been successful without Community Law involvement. ... It is such a legal process; it is so complex and involved and daunting. To have legal advice is absolutely critical.

Champions consider the support they receive from CLCA Coordinators assists them to empower the community. Facilitating six-monthly meetings of the champions has provided welcome and useful opportunities for sharing experiences such as what has worked and what has not worked. Champions fully support the move to have two CLCA Coordinators, with one focusing on legal aspects and case law, whilst the other focuses on community aspects. From the point of view some Champions, support could be improved by having a Māori Coordinator role, specifically to focus on networking with Māori communities.

However, a regulatory agency representative explained that the current model

requires a motivated objector. My experience is motivated objectors come from educated, middle class, professional backgrounds and are used to navigating bureaucratic systems, complaints process, written submissions, etc. Writing an objection is the easiest bit of the process, it's going to the hearing that is the difficult bit.

Representatives from the regulatory agencies were widely supportive of the AHRP and saw a real need for it to continue and expand to fill further gaps.

[The AHRP enables] greater community empowerment.

If the funding didn't continue and if Community Law didn't have a role with communities supporting them and [involving them] in licensing decisions, I think it would just be an enormous gap. It's inequitable at the moment with a power imbalance and it would be even more so. I don't know how we would get around that, so I am concerned.

There're so many more opportunities for this project to build and grow on to meet community needs. Communities want to input in licensing.

I thought it was a very good initiative, and you know, there's an obvious need for it for our community groups. ... Community Law can really delve into issues that communities see and help to equip them and steer them in the right sort of way in terms of presenting their case.

Ongoing funding for this role would ensure that it can be a reliable partner moving forward to empower communities around alcohol licence decisions – and help address some of the constraints in the current system.

Opposition or awareness of an application shouldn't just come down to chance. It shouldn't just take one passionate individual in the community to pursue the object of the Act; it should be a whole of community response, especially the Māori response – kaitiakitanga. A role like [CLC Champions] should be mandated in any review of the Act.

Community Law Centres built some levels of confidence

CLCs help community members in several ways to object to an alcohol licence and appear at the DLC hearing. We asked the community objectors to rank the services that CLCs currently provide based on how helpful they were. The services are listed below from most helpful to least helpful.

1. Explaining how the service works.
2. Preparing an objection *and* providing support at a hearing.
3. Preparing for a hearing.
4. Explaining the DLC's decision.

Community objectors also shared why they thought a specific area of the CLCs' services were helpful. They told us that the Champions:

- explained the process for the community via workshops, which made it understandable for laypersons and eased pressures and concerns
- helped build the objectors' confidence about legal processes
- were supportive, friendly, professional, responsive and “always willing to offer help to those that need it”
- provided an opportunity for objectors to meet one another and build a network of support by hosting workshops
- ensured that the communities' voices were heard and provided moral support throughout the process.

Community objectors had relatively few suggestions about how the services provided could be improved. Two objectors thought that the increasing awareness about the service provided by CLCs would be beneficial because the public may not be aware that this help exists or know that they may have “a greater interest”⁴ to object to an alcohol licence.

Nine community objectors reported feeling confident and prepared at the hearing, whereas two were not confident or prepared, and two were unsure. The feelings of confidence were attributed

⁴ Sale and Supply of Alcohol Act 2012, section 102

to having support from the Champion and having previous experience public speaking or engaging in council processes. One objector, quoted below, expressed their appreciation for the service.

As amateurs, we were very appreciative of advice on the legal parameters, on what the community could address. Also, on preparation for the hearing as knowing what to expect and how to cross-examine the lawyers and police, health, and experts. You usually only get one go and learning on the job is too late.

However, one objector suggested one way that the service could be improved, expressing concern that the Champion was unable to “advocate directly on behalf of the community” through legal representation, particularly when the applicant uses a lawyer.

Some objectors raised concerns with areas outside of the scope of this evaluation, including:

- the technical nature of the process as a barrier
- issues with the Act, such as the 15 working day limit to submit an objection to an application and that only certain people are considered to have a “greater interest in the application for the licence than the public generally”⁵
- that communities often find out about applications right before this time period ends, which means they have very little time to prepare an objection
- issues with the behaviour or demeanour of the DLC members and other attendees
- expert witnesses being disallowed to present evidence.

‘Before and After’ differences have been observed in community participation

Interviewees from regulatory agencies and other organisations doing similar work to the Champions were asked if they had observed any differences in community objector participation at DLC hearings since the commencement of the CLC AHRP service. Some people had not attended any hearings, and some only began working in this area after the demonstration project commenced. However, those with ‘before and after’ experiences were united in their agreement that there had been positive changes to community objector participation.

The most significant thing is the preparation before the hearings – they are a brutal and adversarial process. It has been good to have briefings before they go in, ... before the hearing, before being cross-examined. ... It’s really asymmetric when you have a \$10,000 - \$20,000 a day lawyer [for the applicant] and Mrs Palmer from down the road who just wants to talk about her worries.

Having Community Law involved has increased the number of people who both know about what is happening, and they are upskilled in how to be involved (for example, writing submissions and how to present evidence and be cross-examined and ask questions in DLC hearings). That has really been noticeable.

⁵ Sale and Supply of Alcohol Act 2012, section 102(1)

We've seen small changes with how Māori are making submissions and there's been more involvement.

There has been a better understanding of the DLC process: what the DLC needs from objectors, where to find templates, to give participants the confidence to participate and understanding the roles of the different parties and stages of the process.

The team from CLC did a really good job of getting everyone together, coordinating them and actually enabling them to be able to present to the DLC on that day. And as a result, the Committee declined an off-licence in a very high risk area, for a number of reasons.

There is a significant barrier to 'feeling heard' when the process includes a DLC hearing

Success Factor 2: Those supported by CLCs feel heard

We explored this success factor through questions to the CLC Champions and their clients.

Our evaluative judgement:

Community objectors supported by CLCs 'feel heard' when applications are withdrawn; but when applications progress to a DLC hearing, 'feeling heard' is considerably less likely.

When applications are withdrawn in the face of considerable community objections, there is a clear feeling of 'being heard'. However, when applications go to a hearing, this is a different matter.

There is a major barrier to 'feeling heard' within DLC hearings for community objectors from communities that are disproportionately affected by harm. Legal representation is beyond the remit of the CLC AHRP service. Consequently, community objectors from high deprivation neighbourhoods seldom have legal representation when they attend a DLC hearing, unless they engage with a service other than the CLC AHRP. This disproportionately affects Māori and Pasifika peoples. However, Champions who have attended DLC hearings, providing the client with support (rather than legal representation), considered legal representation a necessity. The absence of legal representation results in "inequality of representation" (Champion), due to licence applicants frequently having highly experienced, specialist lawyers. No participants described an experience where a licence applicant either did not have legal representation or was poorly represented.

People need to have representation: we can teach them to cross-examine, but [community objectors] cannot really compete with legally trained professionals: the community voice doesn't have a chance. Legal representation is a necessity - Champion

One interviewee, who provides a similar service to the AHRP, including pro-bono legal representation, commented that "without legal representation, community objectors struggle enormously to have a voice in this process."

Further inhibiting the possibilities for 'feeling heard', Champions described processes that can be disrespectful to the mana of the community objector, and/or the role of community objectors in

the licensing process. For example, some DLCs establish the standing of objectors in advance of the hearing, but others do not advise of challenges to standing until the day of the hearing. In this latter scenario, despite having foregone other activities, including work, to attend the hearing, the community objector has no opportunity to prepare an appeal, resulting in their objection not being heard. Another example is that of an elderly kaumātua, in poor health, who was affronted not to have their objection heard early in the proceedings, or to have their objection elevated on the list when these points were brought to the attention of the DLC. Finally, the DLC hearing environment, which was frequently described by Champions and people from regulatory agencies alike as ‘adversarial’ and ‘legalistic’, can be extremely intimidating. Champions described community objectors as fearing they are being tricked under cross-examination into saying something they did not intend to say, and/or that they will be punished for their views. In our view, this is not an environment in which it can be fairly said that the community objector is likely to ‘feel heard’. However, we note that the skills, knowledge, and practices of the DLC are largely beyond the current remit of the Champions and are therefore beyond the scope of this evaluation.

Champions have been responsive to concerns about not being heard, where such a response is within their remit. For example:

- more work is being done to prepare community objectors for hearings, including the development of highly visual resources and resources in te reo
- in some regions, Champions provide workshops to coach community objectors so that they know what to expect of cross-examination and how to conduct a cross-examination. One Champion reported that community objectors felt empowered and that the hearing process was demystified through the workshop; however, there was no follow-up after the hearing to determine its practical usefulness, and the Champion concerned had not attended the hearing
- in one region, Champions assist objectors to carefully word their statements to minimise the time they needed to appear
- another response has been to encourage DLCs to attend to matters of standing in advance of the hearing.

One Champion told us that, although the hearing process is less arduous for people who have engaged through the CLC AHRP, “hearings are never great.”

Community objectors who have engaged with the alcohol licensing process and attended DLC hearings described mixed experiences of feeling heard and being respected at the DLC hearing. Nine respondents from a spread of regions said that they were treated respectfully at the hearing. One respondent said that they were “treated with dignity and... felt questions I asked were answered correctly.” One survey respondent told us that the DLC hearing was “particularly good at dealing with elderly and other objectors who were nervous or not particularly confident.” In contrast, four participants felt that the process “wasn’t respectful at all” and that while “Community Law treated us with respect, [they couldn’t] say that some others did.” Another survey respondent told us that “while I felt respected by the DLC, I felt unrespected, especially by the Liquor Licensing Inspector, who seem to appear to attack the objectors in a way you would think they were working for the applicant.”

We also asked community objectors whether they felt that their objection was fully considered by the DLC. Nine participants across several regions agreed that their objection was given due consideration. One objector said that “the questions we were asked [by the DLC] were generally

sensible and aimed at helping the DLC understand our viewpoint.” However, three participants did not feel that their objection was fully considered; one participant gave an example where the community’s expert witness was not allowed to speak to their expert evidence and was “restricted to reading his short brief.”

Community objectors generally report that they understand the decision of the DLC

Success Factor 3: Communities involved understand the decision reached

We explored this success factor through questions to the CLC Champions and their clients.

Our evaluative judgement:
DLC decisions generally appear to be understood by community objectors, with Champions explaining any aspects where clarification is sought.

Champions described several instances where their first engagement with a client was after the hearing. In one instance a community objector, who had not engaged with the CLC service, disrupted the hearing process through non-adherence to procedure. The Champion, seeing the objector’s confusion, approached the community objector, offering support and an explanation for what had occurred, and then offered to assist the objector to prepare for the rescheduled hearing. Other community objectors, who had been working with the Champion, were frustrated and confused about the DLC decision to reschedule the hearing and needed reassurance from the Champion. In another instance, a Champion became involved when an objector sought advice about appealing a decision. However, the decision to appeal was not supported by the Champion, who took no further part after providing advice.

For some Champions, there are cases awaiting appeal or rehearing, so there is ongoing involvement with clients, establishing a rapport and assisting with the collection of evidence.

We heard of two instances where the news media was used to discredit community objectors after a hearing, and the Champions concerned had a role in “shutting that down.”

One Champion described two occasions where a community debrief had taken place, but noted that, generally, there was “little appetite in the community to pour over the decision.”

We wanted to know if the community objectors understood the decisions made by the DLC following a hearing, if the Champions had to explain it to them, or if they understood some of the decision and the Champion explained the rest. Ten community objectors reported understanding the DLCs’ decisions themselves, whereas 7 objectors reported that the Champions had explained part of the decision. Survey respondents in both groups were spread across the regions.

Increased skill levels may result in less support being required in future

Success Factor 4: Communities require less support in the future because skill level has increased

We explored this success factor through questions to the CLC Champions and their clients.

Our evaluative judgement:

Less support may be required over time, especially if an individual frequently lodges objections, but this should not be confused with 'no support' being required.

Champions were grouped across two camps regarding their perceptions that people they had assisted would require less support should they face another licencing application. We asked them to tell us, on a scale of one to ten, the likelihood that their clients would have the confidence to engage in the process again, without the help of the AHRP. The two groups were 'seven – to – eight'; and 'three – to – four' out of ten.

Those considered to have more confidence (seven – eight) had usually attended a 'coaching' session, learning about the cross-examination process, and sometimes practicing cross-examination techniques. Even so, one Champion commented that these people would probably still "come to us for help, too." Champions expressing less confidence (three – four) described helping with developing objections but were less likely to have provided a 'coaching' session. Also in this group were Champions who reflected on the experiences of community objectors where English is not their first language, or there were reading and writing difficulties.

One Champion described an occasion that clearly demonstrated increased skill and confidence: following the development of a collective objection, some community members developed individual objections, having become familiar with the requirements through the collective process. However, this example demonstrates that while people may have confidence to act immediately, these learnings can fade over time.

An interviewee who provides similar services to those of the Champions described working with clients who frequently lodge objections. The interviewee noted that after working with someone through four or five objections, the objector usually has sufficient confidence to attend the hearing without legal representation. However, they still have an expert legal advisor sitting behind them at the hearing so that they can readily tap into the necessary expertise. The interviewee noted: "If I said, 'I'm not going to be sitting behind you at the hearing', [they would likely respond] 'Uhhhh, I'm not sure I want to do this.'"

Fifteen community objectors from across the regions said they would be willing to make another objection to an alcohol licence application. Their reasons for this overwhelming agreement were varied; for example:

- the community objectors have increased confidence in making an objection because they now have a good understanding of the process, what is required, and how much effort it takes
- the community objectors care about their community and this is a way of showing it
- the Champion reached out to the community, made them feel valued and showed empathy
- the objectors cannot rely on the involved agencies to recognise their community's concerns or perspectives

- individuals feel that their community does not need more alcohol outlets.

As one community objector said:

... community participating in issues affecting people is vital, otherwise vested interests can take advantage and it can be very difficult to remedy these once given. Not all communities have the resources and skills necessary to do this, so it is particularly important that those who do [have the resources and skills] take part.

One survey respondent would not make another objection because it was an “awful experience.”

We also asked the community objectors if they would be *more likely* to make an objection in the future if they knew they could receive the CLC’s advice and support. 13 respondents across the regions said that they would be *more likely* to make an objection if they had support from their local CLC, while three participants were unsure, and one would not.

The AHRP has reduced inequities, but there is not a ‘level playing field’

Success Factor 5: Communities feel there is a levelling of the playing field

We explored this success factor through questions to the CLC Champions and their clients.

Our evaluative judgement:

Working to the extent of their remit, CLC Champions delivering the AHRP have made a positive start toward reducing inequity, but inequity has not been eradicated: the playing field is not level.

The AHRP attempts to reduce inequities

Providing free services to people from communities that are disproportionality affected by harm is a first and important step to reducing inequities; and in some regions, Champions are working collaboratively with Māori to develop education resources in te reo as a means of reducing inequities. The core services provided by Champions are activities designed to increase participation, and above we have commented that increased participation and improved quality of participation have been observed. Most Champions work with an agenda of trying to reduce inequities by employing means such as public meetings to inform the community; workshops to assist in the development of quality objections; and coaching to demystify the hearing environment and procedures. In these regards, six community objectors who responded to our online survey reported that they attended a hearing and fully understood the DLC decision; and seven people attended a hearing and understood the decision in part and were assisted by the Champion to fully understanding.

Community objectors are evenly divided in their perceptions of the DLC providing a level playing field

Six objectors from three regions felt they were on a level playing field with others at the hearing and six did not. We were told more stories by those who felt the process to be inequitable. One described the DLC process as “David taking on Goliath,” illustrating the point that for some community objectors, the process feels like it is stacked against their communities. We were told:

- that one DLC “is corrupt... the DLC didn’t even take 30 objections into consideration. They didn’t let us cross-examine. And they let a lawyer dress us down for over an hour with no help or fairness. No wonder the community choose not to fight”
- community objectors are not given access to three [regulatory] agencies’ reports about the proposed alcohol licence before or during the hearing
- the DLC did not consider all of the objections that were lodged
- that under the current legislation, the playing field will never be equal, because “the DLC and three primary agencies all have a better knowledge of the legislation and generally an applicant has legal representation while as an individual I cannot afford that same legal representation”
- of their concerns about the imbalance of legal representation:
 - “it was [an] expert applicant lawyer versus novice objectors”
 - “they had the best licence lawyer in the country trying to get my objection thrown out”
 - while the DLC treated objectors fairly, it was unfair that the applicant used a barrister.

One objector shared their experience at the hearing:

We were treated respectfully but at a disadvantage in terms of the legal process. The DLC committee were not new to this process. The objectors were new to the process. The applicant’s lawyer was an expert with regard to the process and played every trick he could to underplay the process and see how much he could get away with.

In contrast, another community objector considered that the involvement of CLC “helps add capability in the community and more equitable outcomes.”

There are considerable impediments to creating a level playing field

Despite their efforts to reduce inequities, for Champions this is tempered with the knowledge that the services they can provide through the AHRP do not go far enough: a much larger step toward a level playing field would be the inclusion of legal representation at DLC hearings: “We would like to be able to represent communities – a role that is necessary for levelling the playing field,” (Champion). Some Champions extended this to the Alcohol Regulatory & Licensing Authority hearings.

Although the remit of the Champion does not include legal representation, several Champions considered that community objectors ‘feel’ as if they have a degree of representation when the Champion attends the hearing. However, some Champions reported that attending hearings is not their usual practice, due to the time constraints and ‘shoe-string budget’ of their role, and/or direction from local CLC management. Based on our investigations, we also suggest that having a ‘feeling’ that one has representation, when in fact one does NOT have representation, may be incorrect signalling. It is important that community objectors fully understand that the Champion, even if present at the hearing, is unable to provide legal representation through the AHRP.

Several Champions noted (unprompted) that ‘the playing field’ lacks any recognition of the principles of Te Tiriti o Waitangi. The absence of tikanga in the DLC, which is integral to the alcohol

environment of Aotearoa, in a context where Māori are more severely affected by harm from alcohol than non-Māori, speaks of a 'playing field' that is far from 'level'. For example, we heard of occasions where community objectors planned to provide their evidence in te reo. Having advised the DLC of this in advance, so that a translator could be organised if required, these objectors were frustrated that the DLC was unprepared. In such circumstances, 'apologies can seem empty and well-removed from any 'levelling' of the playing field.

Several Champions referred us to a report, *Is the community's voice being heard?* published by the Auckland Regional Public Health Service in 2019. The report relates to the outcomes of DLC hearings conducted in the Auckland area between 2014 and 2018, (which is prior to the start of the AHRP). It found that where objections are received exclusively from community objectors, two percent of applications are declined. This rose to 33 percent when at least one regulatory agency had also objected. The report suggests that, at that time at least, the community voice in Auckland was seldom 'heard'.⁶

Contrary to the findings in the Auckland-based report, a highly experienced and influential lawyer, from another region, who frequently represents alcohol licence applicants has commented that it has become much more difficult to open a new bottle-store in hearings where the CLC is involved. For the Champion concerned, this was high praise, and evidence of a step toward a more level playing field. The regulatory agency representatives also considered that the licensing process has become increasingly legalistic; with one interviewee noting that this was "because of the lawyers; and I think that's where Community Law's presentation to the community works: [they] always bring it back to 'just tell your story'."

Good outcomes have been described, including applications being withdrawn

Success Factor 6: There are good outcomes, with applications being withdrawn, applications declined, and conditions on licences being increased or maintained

We explored this success factor through questions to the CLC Champions and their clients.

Our evaluative judgement:

The AHRP appears to have contributed to several applications being withdrawn; and there is anecdotal evidence that in some regions, planned applications are not being lodged, on the advice of specialist lawyers that the body of community objections will be overwhelming.

In principle, good evidence to support this Success Factor would include a quantitative analysis, either comparing applications over time in a given area, or comparing application outcomes for regions where the CLC service is available (the six demonstration projects) with the outcomes for matched regions where the demonstration project has not been run. However, this analysis has not been possible due to the time constraints on the evaluation and the amount of effort that would have been required of third parties (Councils) to collate and provide the necessary data to enable analysis. As a result, our report is limited to a summary of our thematic analysis. We asked the Champions how their role helps to reduce alcohol harm; and in the client survey, we asked

⁶ It would be interesting to conduct an equivalent study for the period 2018 to 2020, covering all of Aotearoa New Zealand, disaggregated by the NZDep status of the location for the licence (renewals and new applications). This would provide a useful comparison between areas where the CLC AHRP is in delivery, and other areas of high deprivation that have not been part of the demonstration project.

respondents for their opinion on the extent to which the Champion impacted on the outcome of the DLC hearing.

Champions recognise that their work can be more efficient and more effective if they cultivate on-going relationships with community based influencers. For example, in areas with large Pasifika populations, church leaders have considerable influence and can rally support from their congregations. In one area, this work was planned for 2020, but it was put on hold due to COVID-19 restrictions.

Several Champions told us of applications being withdrawn, and a withdrawn application is a 'good outcome': the status quo is retained, with no increase in the number of alcohol licences in the neighbourhood. Champions and also people from the regulatory agencies (who were not specifically asked about this) mentioned instances where applications were withdrawn specifically due to community objections, as illustrated below.

Regulatory agency Rep: ... a couple of applications I was involved with, ended up with the applicant withdrawing, so it never went to a hearing.

Evaluator: Why did they withdraw?

Regulatory agency Rep: It was because of the community opposition. ... [However] I can't say whether the oppositions or evidence that the community groups or community members put forward was influenced or changed or improved as a result of the Community Law input, (Regulatory agency Rep).

Others described instances where the work of the Champion was attributed to high levels of positive community participation, leading to applications being withdrawn. The following examples illustrate the impact of Champions enabling enhanced community participation through the pre-hearing processes.

We have had a number of applications that the community have been involved in where it didn't even get to a hearing. So, it's the full 'end-to-end' that has been of value.

We did have one where they proposed to put in a bottle store in an area, [and] there was a lot of community concern. Community Law did get involved briefly and the applicant withdrew the application. That was a very brief engagement, but it had a very positive result overall. I don't know how much work they did, but there was huge community outreach for that one.

Champions in one area described being told by one of the regulatory agencies that no new alcohol sites had been approved in the area in the past three years. They went on to tell us:

... applicants may be getting the message: 'You are wasting your time: you are not going to succeed'. And this is because of a network of objectors who are working together to block them. We should be celebrating! There is a lawyer who specialises in this work, for applicants, and he has started telling applicants 'Don't even bother: there are so many objectors.'

Just as the regulatory agency representative quoted above cannot categorically state that Community Law input influenced the decision of the applicant to withdraw their application; we

cannot be sure that the ‘network of objectors’ referred to above is associated with the CLC AHRP: in some areas there are numerous groups with the shared aim of reducing harm from alcohol.

Community objectors shared stories about whether they thought that the CLCs’ services and support made a difference to a hearing’s outcome. Thirteen community objectors from across the regions said that they thought the support of the CLC made a difference to the outcome of the hearings. Community objectors considered the educational information and workshops to be important for the community, particularly Māori. Furthermore, they felt that Champions have a wealth of knowledge about what community objectors need to do before, during and after the DLC hearing. One objector said that their CLC’s support was important because “as the hearing is a single event, there is only one chance. Advice received made sure we were focused.” Similarly, another objector summarised the overwhelming need for CLCs’ support because “we are screwed without help like this. We don’t know the legal aspects...”

Community objectors have a stronger sense than champions that their communities are inspired, empowered, and strengthened

Success Factor 7: Communities are inspired, empowered, and strengthened

We explored this success factor through questions to the Te Hiringa Hauora and CLCA managers, and CLC Champions and their clients.

Our evaluative judgement:

There is more work to be done outside of the licensing process by CLC Champions in order to empower communities. Enduring relationships with community influencers, especially Māori, and church leadership, will help strengthen the capacity of the community to rapidly respond when licensing applications are made.

There is some evidence from community objectors that their communities have felt inspired, empowered, and strengthened through their experience, but this tends to align with the success, or otherwise, of their objections, and/or the extent to which they felt respected at the DLC hearing.

There is a cross-over between this Success Factor and Success Factor 4 *Communities require less support in the future because skill level has increased*. We refer the reader to that section for additional findings that also demonstrate empowerment.

Satisfied clients sometimes recommend services to friends and family in similar circumstances, so we asked Champions if they were aware of a former client making such a recommendation to someone considering objecting to an alcohol licensing application. However, this was not something that any of the Champions had experienced, to their knowledge. On the other hand, some Champions were aware that some of their former clients had subsequently used CLC services for other matters, so it is possible (but not certain) that their experience with the CLC AHRP service inspired them to utilise other CLC services.

One Champion had recently been approached by two community members, to find out how the CLC AHRP might assist their community, which already had several bottle-stores and was aware that further applications were planned. The Champion considered their proactive approach to be a significant benefit, as they could collectively make a start, rather than being confined to the 15-

day window that is usually available. The community members and the Champion talked about the need to work quickly when an application is lodged, and the value of doing background work in advance so that they can 'push play' to quickly activate the objections process.

We note that the above example is an exception: much more commonly, Champions told us that it is very difficult to rouse interest in the objections process unless there is an active application: "[people] are too busy with other things to learn 'just in case'," (Champion). Instead, some Champions described their attempts and/or intentions to educate community leaders, such as religious ministers, school principals, and health professionals, so that these people understand the process and know what to do if the situation arises. However, it has been clear that Champions who have strong networks into their communities are better able to rapidly initiate engagement with community members who may be interested in objecting to a licensing application. Champions and regulatory agency representatives alike recognise that it can take time to establish such networks. For example, the Canterbury and West Coast CLC appears to benefit from well-established relationships compared to most other CLCs, at least in part because it delivered the pilot AHRP service and had been delivering a service akin to the AHRP for more than a year prior to undertaking the AHRP pilot. An exception is where Champions have existing relationships that they bring to the mahi. An exemplar of this was described in the Taitokerau region, where a newly-appointed Champion with an extensive network of community influencers deployed that network to rapidly inform the community and provide support. In other regions, where Champions have started their work from the position of no or low networks, the work to establish networks is still underway.

Te Hiringa Hauora and CLCA managers considered that the community legacy of engagement in the licensing process would 'live on' for some time, but on-going nurturing was required if it were to be sustained. Given the relatively low likelihood, in most areas, that the same neighbourhood would be involved in multiple licensing applications in close succession, there would need to be some other way to nurture new skills and knowledge gained through the process.

We asked community objectors if others in their community may be inspired to object to an alcohol licensing application after seeing their involvement in the process. While 11 respondents from three regions thought that their involvement would inspire others to do the same, four did not and two were unsure. Multiple objectors said that the actual licensing process was too off-putting, legalistic, and intimidating to inspire others to become involved. One objector said that their involvement would not inspire others "because the process is too hard, and it feels like a fight against the DLC to even be heard or taken seriously. The licensee [applicant] is treated with far more respect." Another objector who thought that the reason that others in their community would not become involved because the legal process "it's an absolute shit show" and "a joke."

Despite the challenges described by the community objectors above, 15 respondents from across the regions said that they would recommend the CLC services to someone else if there was an alcohol licence application in their community. Furthermore, one community objector told us:

it was a great experience, especially as we were successful. The community support and enthusiasm were excellent and the realisation that ordinary citizens can have an impact is very important in these challenging times.

DISCUSSION

Opportunities to enhance the AHRP service

The principles of Te Tiriti of Waitangi need to be brought to the fore

The Waitangi Tribunal has noted that Māori have had a ‘fraught’ relationship with alcohol for almost 200 years.⁷ Some Māori, particularly the young, are more likely to be identified as risky drinkers.⁸ State regulation of alcohol for public health reasons needs to consider the principles of the Treaty of Waitangi.

While the relevant alcohol legislation does not refer explicitly to the Treaty of Waitangi or its principles, the Treaty is still of significant moral weight with regards to inequitable health or alcohol-related outcomes for Māori.

...the Treaty is a document of considerable moral force based on the honour of the Crown. These moral obligations are significant, notwithstanding the limits of the legal enforceability of the Treaty in the Courts, and the legal status of the Treaty is not the sole determinant of its constitutional significance.⁹

A lack of a Kaupapa Māori, ‘by Māori, for Māori’, approach creates barriers to communities that are disproportionately affected by alcohol participating in the alcohol licensing process. The AHRP can go some way towards preparing Māori stakeholders for an environment that does not appear to operate consistently with the Treaty of Waitangi. It would be more appropriate for the Ministry of Justice to review both the DLC process and also the operation of the Act in terms of its consistency with the Crown’s obligations under the Treaty.

As a minimum, one way to enhance the AHRP in this respect, would be the inclusion of a third CLCA Coordinator, with specific responsibility for creating and maintaining links with iwi throughout Aotearoa New Zealand, and bringing the Champions into that network.

Provide AHRP services to population groups that are most at risk, regardless of neighbourhood deprivation

There is considerable merit in expanding the remit of the service to include support for the most at-risk population groups, regardless of the NZDep in which they reside or work. Expanding the service in this way is aligned with the Community Law Strategy 2017 – 2020, in which Te Tiriti o Waitangi is central; and with the Te Hiringa Hauora’s commitment to recognise and respect the articles of Te Tiriti o Waitangi. Through this expansion, the AHRP would lead by example, addressing the oversight that Te Tiriti is absent from the Act.

Include legal representation in the remit of the Champions

As discussed in the Findings section, there is an uncontested view amongst evaluation participants that the omission of legal representation from the Champion role considerably limits the potential

⁷ Wai 2624, #2.5.3 30 April 2019 page 6 accessed at

https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_148205985/Wai%202624%2C%202.5.003.pdf

https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_148205985/Wai%202624%2C%202.5.003.pdf

⁸ Māori attitudes and behaviours towards alcohol September 2018 HPA Report Page 7 accessed at

https://www.hpa.org.nz/sites/default/files/Maori_attitudes_and_behaviours_towards_alcohol_September_2018.pdf

⁹ Te Puni Kōkiri ‘He Tirohanga o Kawa ki te Tiriti o Waitangi’ 2001 page 16. Copy available at <https://www.tpk.govt.nz/en/a-matou-mohiotanga/crownmaori-relations/he-tirohanga-o-kawa-ki-te-tiriti-o-waitangi>

of the service to enhance participation by people living in high deprivation neighbourhoods. The regulatory agencies and those who work in the alcohol harm prevention space told us that allowing the Champions to represent communities would make a real difference, as the current process “is so asymmetric and out of balance.”

Proactive engagement in the renewals process may reduce alcohol-related harm

A number of participants mentioned the possibilities of proactive engagement around renewals. Because it is known that a renewal is forthcoming (as opposed to the usually ‘unknown’ status of new applications that are on the horizon), there is an opportunity for the Champion to proactively engage with communities in advance of the three-yearly renewal application, facilitating the collection of robust evidence in support of objections aimed at tightening the licence conditions.

An advantage of this extension to the service is that tightening the licence conditions is a genuine reduction in alcohol exposure, reducing harm from alcohol. A number of participants, particularly from regulatory agencies, commented that it was unfortunate that the Act was in force for six years before the AHRP service became available. They noted that some of the new applications granted in those six years may have been declined if there had been robust community objections. Successfully objecting at renewal would be a step to address increased harm in these neighbourhoods. A further advantage is that it would give Champions a known entry-point to the neighbourhood. This would address an issue identified by several Champions and others that communities tend to be uninterested in skill-building for hypothetical situations, which results in a steep learning curve over a very short time period when an application is advertised.

There have been licensing applications in regions without CLC Champions that may have benefitted from the AHRP service

The regional boundaries have frustrated some regulatory agencies and Champions, especially where alcohol licensing applications have been made in areas of high deprivation that are beyond the boundaries of the project. Participants from the regulatory agencies in several regions mentioned this – their jurisdiction often extended beyond the boundaries of the CLC. These regulatory agency participants have high regard for well-presented objections from the community, recognising that when agency objections sit alongside community objections, the collective has more weight. This view suggests the findings in the Auckland Regional Public Health paper, described above, that community voice had a low influence at Auckland DLC hearings, may not pertain elsewhere. Among Champions and people from regulatory agencies, it was hoped that the service (or a version of it) will be extended to cover all of Aotearoa New Zealand, for everyone living in highly-deprived neighbourhoods. An advantage of national coverage is that the service can be appropriately promoted throughout Aotearoa New Zealand.

Focused support would help CLCs establish networks

If additional CLCs are brought into the project, these regions would benefit from additional resource specifically to focus on network-building. We suggest a special focus be given to building relationships with community-based kaupapa Māori services and other services that support populations that are most at risk of harm from alcohol. Such support will be especially important if the local Champion does not have existing local relationships to call upon.

Suggestions for future evaluations

The above points collectively lead us to prompt for good practice in relation to evaluation needs. It is good practice to plan for evaluation from the outset of any initiative, and especially where the initiative aims to address aspects of inequity.

- Baseline data is essential when evaluators are asked to compare 'before' and 'after'.
- Build sufficient time into the evaluation process to gain appropriate ethics approval.
- It is useful to build in processes that will enable evaluation, either at a much later date, or soon after the event. For example, a client satisfaction survey, run directly after any given licensing application process concludes, could collect useful insights to inform ongoing development; and also seek permission for future contact, such as in relation to another application (new or a renewal) but also for possible participation in a future evaluation.
- Plan and contract for periodic reporting requirements that include the types of data that are expected to be useful in a future evaluation. For example, central collection of metrics and narratives in relation to each case (application), and also in relation to networking (such as who, when, and what).

APPENDIX A: INFORMATION SHEET AND CONSENT FORM



ALLEN+CLARKE
EVALUATION AND RESEARCH

EVALUATION OF THE COMMUNITY LAW ALCOHOL HARM REDUCTION DEMONSTRATION PROJECT 2018-2021

INFORMATION ABOUT THE EVALUATION, AND INFORMED CONSENT

You are invited to be in an evaluation about the Community Law Alcohol Harm Reduction Demonstration Project 2018-2021 (AHRP). This evaluation is being carried out by *Allen + Clarke* for Te Hiringa Hauora/Health Promotion Agency with Community Law Centres o Aotearoa. You were selected as a possible participant because you are involved in the AHRP in your region. Please read this form and ask any questions you have before deciding whether to take part.

What is the evaluation about?

The purpose of this evaluation is to assess whether the AHRP has

- reduced or minimised harm in high risk communities from the sale and supply of alcohol through communities successfully objecting to alcohol licence applications, and
- empowered communities to better participate in the legal decision-making process to grant or refuse alcohol licences, and access to justice services.

The results and findings from this evaluation are expected to be reported to Te Hiringa Hauora, Ministers and senior government agency leaders in early February 2021, after which Te Hiringa Hauora may consider making the report public.

What is involved for those taking part?

If you agree to be in this evaluation, we will ask the Community Law Champions (CLC) to:

- participate in an interview for 90 minutes with the *Allen + Clarke* project team using Zoom. The interviews will help us understand your experiences of the AHRP in your region. The interviews will take place between 9-30 November 2020.
- distribute, on our behalf, a link to an online survey, to AHRP clients in their community. CLCs can distribute the survey via email; and they may (at their discretion) provide an opportunity for clients who have limited or no access to the internet to complete the survey at the CLC office. The survey will open between 9-30 November 2020. Clients are also welcome to share the survey with others who have also engaged with the AHRP.

We would also ask other individuals involved in the AHRP (such as public health staff or police) in each region to:

- participate in a group interview with others in your region for 90 minutes. The interviews will be conducted by the *Allen + Clarke* project team using Zoom. The interviews will help us understand your experiences of the AHRP in your region. The interviews will take place between 9-30 November 2020.

Do I have to take part in the evaluation?

You do not have to take part in this evaluation. If you choose to take part and then change your mind later, you can pull out by contacting us (there is contact information below). You may stop taking part at any time. If you stop taking part, the information you have given us that has not been analysed will be deleted. Your decision to withdraw from the evaluation will not affect your current or future relations with Te Hiringa Hauora, Community Law o Aotearoa or *Allen + Clarke*.

How will my privacy be protected?

Reports and presentations about this evaluation will not include information that could identify you. We will change your name, or we will use a code based on things about you that are related to the evaluation. For example, we may attribute a statement or quote to your role, but we will not identify which region you work in. This will allow us to compare differences in the AHRP between the six regions.

The Zoom interviews and workshops will be recorded with consent from all participants. Only *Allen + Clarke* staff will have access to the records and audio files.

You can request a summary of the information we collect from you and about you. There is a section at the end of this form (page 5) for you to complete if you wish to receive this information. You will need to complete your review of this summary within 24 hours of receipt due to timeframe constraints.

The evaluation records will be kept secure at *Allen + Clarke* for ten years, and will then be destroyed.

In any reports or public presentations, we will not include information that would make it possible for someone to identify you.

Are there any risks and benefits of taking part?

This evaluation has risks, which are explained below.

The purpose of this evaluation is to consider whether the AHRP should be continued, and if so, expanded beyond the six regions. Therefore, our evaluation may inform future policy or funding decisions for the AHRP beyond 2021.

There is no risk of personal injury through the activities planned for this evaluation.

There are no direct personal benefits from taking part in this evaluation.

Who can answer my questions about the evaluation?

You will be talking with Dr Carolyn Hooper, Douglas Hancock, and Alice Hartley. You can ask them any questions you have about the evaluation. You can also contact the Project Manager, Dr Carolyn Hooper, on 021 816 855 or chooper@allenandclarke.co.nz, or Cathy Bruce at Te Hiringa Hauora on 021 911 803 or c.bruce@hpa.org.nz. Either Carolyn or Cathy will be happy to answer questions about the evaluation.

You will be given a copy of this form to keep.

Allen + Clarke is a corporate member of the Aotearoa New Zealand Evaluation Association (ANZEA); and all of our Evaluation + Research Practice staff also belong to the Australian Evaluation Society (AES). Through these organisations *Allen + Clarke* is expected to follow high standards. If you would like more information about these standards, the booklet *Guidelines for the Ethical Conduct of Evaluations* is available at www.aes.asn.au. We are ethically obliged to advise our client if we become aware of certain situations, such as someone being in danger, or corruption.

Statement of consent: I agree to take part in the evaluation

- I have read the above information.
- Questions I had about the evaluation have been answered.
- I consent to take part in the evaluation.

Signature _____ Date _____

Printed name _____

Witness Signature (for verbal consent only) _____ Date _____

Printed name _____

Request for copy of information

To receive a copy of all the information collected from you and about you through this evaluation, please provide either an email address and we will send the information. We would ask that you return this to us within 24 hours due to project timeframe constraints.

Email address _____

APPENDIX B: DATA COLLECTION INSTRUMENTS

AHRP EVALUATION: KEY INFORMANT INTERVIEWS WITH CLC CHAMPIONS

The Health Promotion Agency/Te Hiringa Hauora has commissioned *Allen + Clarke* to undertake an evaluation of the Community Law Alcohol Harm Reduction Demonstration Project 2018-2021. This interview guide will be used by Doug and Carolyn for the five individual/small group interviews with the Community Law Centre Champions and their managers.

All interviewees will be provided with an information sheet and consent form prior to the interview. This should be returned to the *Allen + Clarke* project team prior to the interview taking place.

Interviewer: Response goes here

Note-taker: Response goes here

Interviewee: Response goes here

Date: Response goes here

Overview of the AHRP

How does this initiative work in your community?

Response goes here

Before the hearing

We would like to hear some examples of how you have supported the community to object to an alcohol license?

Response goes here

Can you tell us about a time when things went well?

Response goes here

And what about a time when things didn't go well?

Response goes here

At the hearing

Can you tell us about a time when a client had a positive experience at the DLC?

Response goes here

And can you tell us about a time where a client had a negative experience at the DLC?

Response goes here

AHRP EVALUATION: KEY INFORMANT INTERVIEW WITH HPA AND CLCA

The Health Promotion Agency/Te Hiringa Hauora has commissioned *Allen + Clarke* to undertake an evaluation of the Community Law Alcohol Harm Reduction Demonstration Project 2018-2021. This interview guide will be used by Doug and Carolyn for the interview with HPA and Community Law Centres o Aotearoa.

All interviewees will be provided with an information sheet and consent form prior to the interview. This should be returned to the *Allen + Clarke* project team prior to the interview taking place.

Interviewer: Response goes here

Note-taker: Response goes here

Interviewee: Response goes here

Date: Response goes here

Introductions

What is your role and how are you involved in the AHRP?

Response goes here

Understanding of the CLC Champion role

What is your understanding of the CLC Champion role?

Response goes here

What is working well for the CLC Champion role?

Response goes here

What is not working well for the CLC Champion role?

Response goes here

What could be improved for the CLC Champion role?

Response goes here

Future community engagement

What does the future look like for community engagement with the DLC hearing, with or without the ARHP?

Response goes here

Final comments

Is there anything else you'd like to share with us?

Response goes here

AHRP EVALUATION: SMALL GROUP INTERVIEWS WITH KEY AGENCIES

The Health Promotion Agency/Te Hiringa Hauora has commissioned *Allen + Clarke* to undertake an evaluation of the Community Law Alcohol Harm Reduction Demonstration Project 2018-2021. This interview guide will be used by Carolyn and Alice for the small group interviews with the key agencies involved in the ARHP.

All interviewees have been provided with an information sheet and consent form prior to the interview. This should be returned to the *Allen + Clarke* project team prior to the small group interview taking place.

Introductions

Introduction from all attendees: who are you and what is your role in the DLC process?

Perception of changes in community engagement

For those who have been involved in the process for a while: What is your perception of changes in community engagement at DLC hearings since the Community Law AHRP?

For those who are new to the process: How does the work of the CLC Champion prepare the community objectors for participating in the DLC hearing? Is there anything they could be doing differently?

Relationship with the CLC Champion

Thinking about your relationship with the CLC Champion, what is working well?

What could be better?

Role of CLC Champion

What is your understanding of the CLC Champion role?

What is working well?

What is not working well?

What could be improved

Final comments

Is there anything else you want to share with us?

CLIENT SURVEY

[Info about the evaluation; selecting the associated CLC]

LEADING UP TO THE HEARING:

Below are some of the services that Community Law Centres provide to help communities prepare for a DLC hearing. Please rank these services from **very helpful to very unhelpful**.

- How the process works
- Preparing an objection
- Preparing for a hearing
- Support at a hearing
- Explaining the decision of the DLC

Open text opportunity inviting comment on service(s) ranked most highly; and ranked as least helpful; and how the service could be improved.

DURING A DLC HEARING:

Did you attend a hearing? Yes/No/Unsure

if yes:

Did you feel you were treated respectfully at the hearing? Yes/No

Open text opportunity to comment on the above.

Did you feel confident and prepared at the hearing?

Open text opportunity to comment on the above.

Did you understand what was happening at the hearing? Yes/No/Unsure

Did you feel your objection was fully considered? Yes/No/Unsure

Open text opportunity to comment on the above.

Did you feel like you were on a 'level playing field' with everyone else at the hearing?
Yes/No/Unsure

Open text opportunity to comment on the above.

Did you understand the decision that was made by the DLC, or did Community Law explain it to you?

I understood/Community Law explained/Bit of both

Open text opportunity to comment on the above.

Did you feel that the support of the CLC made a difference to the hearing's outcomes?
Yes/No/Unsure

Open text opportunity to comment on the above.

Did the CLC follow up with you with options after the decision was released?
Yes/No/Unsure/Not applicable

AFTER THE DLC HEARING:

Are you willing to make another objection, if there is another application that you disagree with?
Yes/No/Unsure

Open text opportunity to comment on the above.

Would you be more likely to make an objection in the future if you could get advice and support of the CLC? Yes/No/Unsure

Do you think others in your community may be inspired to object to an alcohol licensing application now that they have seen you work through the process? Yes/No/Unsure

Open text opportunity to comment on the above.

Would you recommend the CLC service to someone else if there was an alcohol licence application in their community? Yes/No/Unsure

Please tell us how much you agree with the following statement about the CLC service [**Strongly Agree - Strongly Disagree**]

- They made the process understandable
- They helped me prepare for an objection
- They helped me understand how to write and objection
- They helped me prepare for the hearing

- They explained the process for the hearing
- They explained how to prepare briefs of evidence
- They helped me understand cross-examining and being cross-examined
- They were friendly and professional
- They responded quickly to my requests for help
- They helped build my confidence about legal processes.

Open text opportunity: if there is anything else you would like to tell us about your experience, please go right ahead.

[Opportunity to enter draw for \$50 grocery voucher.]