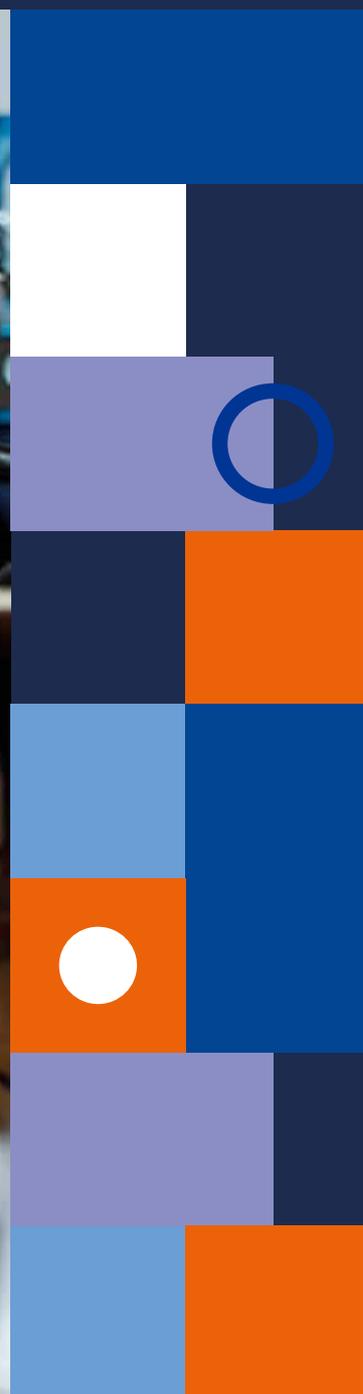


# It's not about the alcohol

A handbook for addressing alcohol issues in their community context



ARIENNIR GAN Y LOTERI  
LOTTERY FUNDED

Alcohol Concern  
Promoting health; improving lives



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# How to use this handbook

Different people will want to use this handbook in different ways. A few will read it from cover to cover, but most will just want to know what's useful to them and their local situation. So, as you'll see, we've divided it up into four sections, to help you find your way around:

## Section 1: The rationale

This section is for you if you're wondering why we've moved away from trying to educate people about sensible drinking; why we're working with people who don't seem to have an alcohol problem; and why we're doing so many things that don't seem to have anything to do with alcohol. When you've read it, we hope you'll see why we decided to try something different.

## Section 2: The big ideas

This is where we set out the principles and thinking that underpin what we've been doing. Even if you're more into practice than theory, we would encourage you to read this section carefully, to make sure your project is built on solid foundations.

## Section 3: From theory to reality

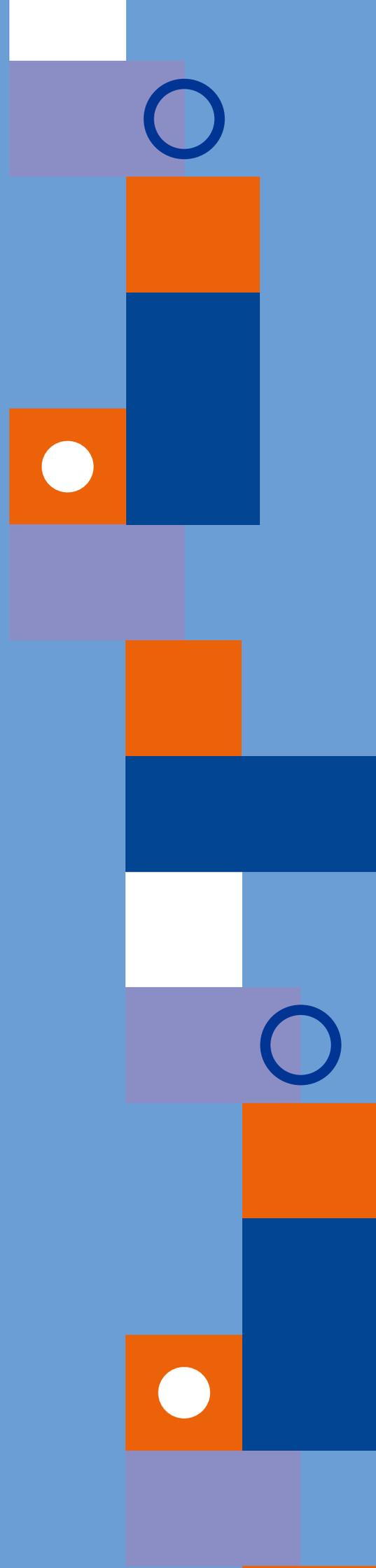
This is the most practical section of the handbook. It's where we describe what we've been doing at ground level and how it turned out; as well as giving you plenty of tips on how you can get a community alcohol project up and running in your local area.

## Section 4: Measuring success

There's not much point running a project if you can't say whether it's successful, how and why. In this section, we look at how you can get your outcomes and indicators right from the start – in order to demonstrate the success of your project, and understand which elements of it can be improved, replicated, developed or ditched. We also look at the crucial question of whether community development can actually reduce alcohol-related harm.

### Thoughts into actions

Throughout this handbook, you'll find prompts to consider the issues raised. We would encourage you to try to answer the questions we've posed (with other people from your project, where possible) and to start thinking about what you might need to do locally to improve your project's chances of success.



# About Alcohol Concern

Alcohol Concern is the leading national charity on alcohol issues for England and Wales. Founded in 1985 for “the relief of persons suffering from problems covered by alcohol misuse”,<sup>1</sup> the scope of our work has broadened enormously since then to include all aspects of the role of alcohol in our society.

We are not an anti-alcohol organisation or a temperance campaign. Although we recognise that many people may wish to avoid alcohol, or may need to abstain from it for reasons of health, we don't particularly encourage the general population to give up drinking for good. We know that alcohol is part of most people's social lives, and that many of us enjoy it in moderation as part of a healthy lifestyle.

Conversely, we know that alcohol use and misuse is a spectrum and that the boundary between healthy and unhealthy drinking is not always clear. Many of us will alternate between moderate and excessive or harmful patterns of use over time, and for this reason it is neither helpful nor factually correct to attribute problematic drinking to a discrete group of “problem drinkers”.<sup>2</sup> Alcohol use and its consequences (positive and negative) are issues for us all, and ones which call for maturity and honesty rather than stereotyping and scapegoating.

**Overall, our goal is to help all of us to develop a healthy relationship with alcohol. Our vision is of a world in which alcohol does no harm.**



# Introduction

In November 2015, one of the most popular sessions at Alcohol Concern's annual conference in London was a workshop entitled *Poetry, football and ballroom dancing: community development as a means to alcohol harm reduction*. In it, delegates heard about our Communities Together project, which had begun in January the previous year in the twin towns of Fishguard and Goodwick on the north Pembrokeshire coast.



These towns had not been chosen by us because they had extraordinary alcohol-related problems. On the contrary, they sit very much in the middle of various indexes and are typical of many other towns. By working there, we were seeking to create a project that could be developed, replicated, adapted and applied anywhere, according to local circumstances.

Our aim from the start was to encourage local people to talk about the good and bad sides of alcohol use in their lives and their neighbourhoods, and to do that in an open and honest way. We certainly have not aimed to discourage alcohol use altogether, rather to promote a healthy relationship with alcohol, for individuals and for the community as a whole.

The project has been created by ordinary social drinkers for ordinary social drinkers. It's always been about "us who drink" (i.e. around 80% of the adult population), not about "those problem drinkers over there".

Without this clear acceptance of alcohol use, it is more or less certain that the project would never have been welcomed locally.





*“The key point in relation to...the project is that it sought to, and seems to have achieved, an appropriate mix of activities, some... focused mainly on achieving community benefit, building trust and developing momentum; others... had an explicit alcohol awareness theme in order to achieve an impact; while many consisted of community development projects with an alcohol twist which aimed to achieve both community benefit and alcohol awareness.”*

Alain Thomas and Siobhan Hayward, 2016<sup>5</sup>

We’ve also drawn very much on the thinking of Dr Harold Holder,<sup>3</sup> who, back in 1998, urged those of us working to reduce alcohol-related harm to engage with communities, not just individuals, and to be prepared for things to happen in “unexpected ways”.<sup>4</sup> We wanted to encourage people to identify local alcohol-related issues and to generate their own initiatives to address them. To do this, we had to relinquish control of much of the project. We told the community we wanted to talk about alcohol pricing and marketing, because that was where the international evidence pointed. They said they’d rather talk about social isolation and the lack of contact between generations, so that’s what we did.

The resultant “unexpected” activities have included tea dances, walking football, intergenerational IT sessions, and music and poetry evenings. Some of these have been alcohol-free, but not all; but where alcohol has been served it’s never been the main focus of any event. In this way, the medium has become the message – simply organising a social evening that doesn’t depend on alcohol to get it going can be revolutionary, challenging us to consider why we so often use alcohol to socialise.

Other activities we have supported, such as a seminar on alcohol run by local sixth formers, had a more obvious focus on alcohol, but always in its social and cultural context, and emphasising the sharing of experiences over the apportioning of blame. As the project’s evaluators concluded:

Through a mix of activities like this, discussions of alcohol use and requests for more information about alcohol grew up naturally in the community.

We have taken the very practical lessons from the Communities Together project, and combined them with:

- Sound theories, both in the fields of alcohol use and community development
- Alcohol Concern’s 30+ years of experience of working on alcohol issues
- A thorough understanding of recent public policy developments in the UK and further afield
- The expertise of a large pool of advisers working in public health, substance misuse, education, youth work, older people’s issues, sport, business and commerce, and other fields.

The result is a new paradigm for facing up to alcohol issues in our communities – one that does not necessarily begin with questions about alcohol itself. It is “community development with an alcohol twist”,<sup>6</sup> but it’s an approach that has much broader applicability for the many different situations in which people are seeking to improve their health, their quality of life and their neighbourhood. This handbook explains how we did it, and why.

# Section 1: The rationale

*This section is for you if you're wondering why we've moved away from trying to educate people about sensible drinking; why we're working with people who don't seem to have an alcohol problem; and why we're doing so many things that don't seem to have anything to do with alcohol. When you've read it, we hope you'll see why we decided to try something different.*

## What's wrong with traditional approaches to alcohol harm reduction?

### Information isn't enough

*"The problem is we know that alcohol education doesn't really work at all."*

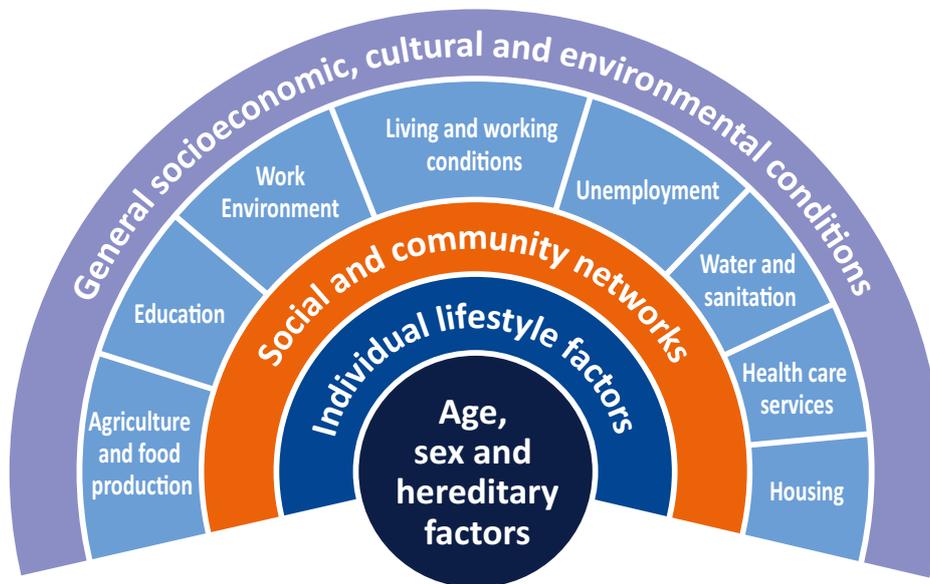
Prof Neil Greenberg, 2016<sup>7</sup>

*"Providing information per se often has surprisingly modest and sometimes unintended impacts when it attempts to change individuals' behaviour... One meta-analysis... reported that at least 80% of the factors influencing behaviour did not result from knowledge or awareness."*

Dr David Halpern et al, 2010<sup>8</sup>

Many of us working in the fields of public health and health promotion have long harboured doubts about the effectiveness of some of the methods we use. The extent of these doubts was revealed by research published in 1993 that asked provocatively whether health education leaflets were "crutches, confetti or useful tools".<sup>9</sup> The researchers highlighted "a number of contradictions... between [leaflet] distribution practices and perceived effectiveness":

- 89% of healthcare professionals used health promotion leaflets
- All saw an increasingly important role for leaflets in their work
- But these views were accompanied by:
  - Low levels of belief in a leaflet's ability to increase knowledge and change behaviour
  - Concerns about whether clients actually read and understood leaflets.



The Determinants of Health (1992) Dahlgren and Whitehead

Even if leaflets and posters are giving way to websites, apps and social media, the problem remains the same: we are hoping that individuals will respond to our promptings about their behaviour largely because we want them to. In reality, as the comments below from Dr Douglas Black and Sir Derek Wanless indicate, there are many reasons why someone might not be willing or able to respond at all:

*“Our analysis has shown the many ways in which people’s behaviour is constrained by structural and environmental factors over which they have no control.”*

The Black Report, 1980<sup>10</sup>

*“Some people’s personal circumstances can be barriers to healthy living and override concerns about ill-health that may catch up with them some years later...Too many individuals and communities accept ill-health and risk-taking behaviours as the social norm.”*

Sir Derek Wanless, 2003<sup>11</sup>

It’s clear that focussing on information for individuals as a lever for behaviour change does not favour anyone. Health behaviours are influenced by individual knowledge, but also by interpersonal relationships, social and economic circumstances, social norms, institutions, and public policies. This ecological model of the determinants of health was set out most famously by Göran Dahlgren and Margaret Whitehead in 1991.<sup>12</sup>

The layers in Dahlgren and Whitehead’s “rainbow” diagram can be summarised as follows:

- **Age, sex and heredity:** These are not modifiable, and we may need to modify our approaches in order to take account of them
- **Elements of individual lifestyle:** These are sometimes described as lifestyle “choices” although they do not always feel like conscious choices for people. This layer of the “rainbow” includes behaviours like diet and physical activity (or the lack of it), smoking and alcohol use
- **Social and community networks:** These include the family, friends, colleagues and neighbours around us. Humans are social animals and social bonds and connections are a protective factor for good health, although we all have some negative relationships too. The people around us can also influence our health behaviours, for better or worse, e.g. by encouraging us to drink less or more
- **Living and working conditions:** Things like quality of housing, education and employment, and access to essential goods and services (such as food of a reasonable quality) come into this category
- **General socio-economic, cultural and environmental conditions:** These include wages, prices and taxation; and also social and cultural norms and pressures. These may be the norms of society as a whole or of particular subset to which a person belongs, e.g. someone may be part of a sporty culture where drinking is normal, or part of a religious or ethnic community where it is frowned upon.

With regards specifically to alcohol, these **cultural and environmental conditions** include:

- **The normality of alcohol in our society:** Alcohol is a widely acceptable way to bring people together to socialise, celebrate or commiserate. It is seen as a “social lubricant...[and] the central focus around which we make our social plans”.<sup>13</sup> It “softens the edges and makes people more relaxed”.<sup>14</sup> It is often also our “favourite coping mechanism”.<sup>15</sup> A refusal to use alcohol may be taken as “rude, anti-social and holier-than-thou”,<sup>16</sup> and may raise questions about whether someone has a strong moral or religious objection to drinking or is concealing a previous addiction.<sup>17</sup>
- **The widespread availability and affordability of alcohol:** The number of places in which alcohol can be purchased has increased enormously in recent decades, with the number of off-licenses, for example, more than doubling from 24,000 in 1953<sup>18</sup> to 55,700 in 2016.<sup>19</sup> As well as traditional pubs and dedicated shops, alcohol is available in all supermarkets and is described by the British Retail Consortium as “part of the weekly shop”.<sup>20</sup> It is sold in many petrol stations,<sup>21</sup> motorway service stations, and even offered free to customers at premises as diverse as hairdressers<sup>22</sup> and furniture retailers.<sup>23</sup> Alongside this, alcohol is now 54% more affordable than it was in 1980, when compared with average household income.<sup>24</sup>
- **The ubiquity of alcohol marketing:** Alcohol is promoted via print, broadcast and social media, sponsorship and product placement. This marketing often presents alcohol consumption as a component of a sociable, successful and glamorous life.<sup>25</sup>

*“Fizz isn’t just for Christmas. Many [hair] salon clients appreciate the offer of an alcoholic drink, especially on late opening nights.”*

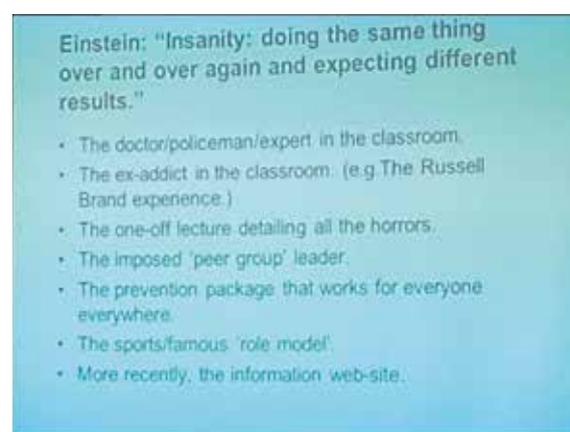
Lockhart Meyer Salon Marketing, 2016<sup>26</sup>

*“Great espresso is always on hand whilst you mull over your choices; or a beer with the papers on Saturday and Sunday.”*

Sofas & Stuff, 2016<sup>27</sup>

To seek to communicate with people about alcohol purely as individuals is, therefore, to ignore most of the influences on drinking behaviour. Since the determinants of health are complex, interventions to improve health must also be multi-faceted. Unfortunately, many interventions are still too simple, superficial, and, as a result, ineffective. This means that time and money are wasted on initiatives that are well-intentioned but which don’t really work – something most agencies can ill-afford in the current financial climate. It’s worth thinking about why we continue with health promotion methods that bring such poor results.

## Why we so often stick to information-based approaches



McCarthyism (McCarthyism) · Apr 24  
John Davies - I think this is all crap (again) speaking at New Directions conference #NCDAG

*One rather blunt response to information-based harm reduction*

Despite all that we know about its inadequacies, the provision of information and education aimed at changing individuals’ behaviours remains one of the mainstays of health promotion. Even the more recent move towards “social marketing” has often been largely a reiteration of this – an attempt to do information but do it better. It’s been called the “retreat into messaging”<sup>28</sup>. Possible reasons for it include:

- Our intuitive belief that giving people more information should lead to better decisions, and can’t make things worse
- The lack of obvious alternatives to current methods: if we’re not giving people the facts about healthy living, what are we to do?
- The need for demonstrable outputs: if we produce and distribute leaflets, launch a website, or speak to a certain number of people, we know that we’ve done something

- A feeling that many of the underlying causes of poor health (such as poverty, poor housing or unemployment) are deep and intractable: at least people's lack of knowledge is something we can do something about
- An understandable aversion to more heavy-handed methods, such as restricting the availability or raising the price of certain lifestyle options, like alcohol.

The other factor we cannot ignore is that there is strong and vocal support from various trade bodies for an individualistic approach to public health. The alcohol industry is typical of other purveyors of potentially harmful products, in that it stresses the need above all to “educate the public about responsible drinking”,<sup>29</sup> and this position was to some extent endorsed by the UK Government through the Responsibility Deal.<sup>30</sup> This individualistic approach is problematic in itself, in that it ignores most of the social factors described on pages 9-10. Added to this, when the alcohol industry provides information or education about drinking, it's usually of a very particular kind and has very definite limits. As we'll explore in the next section, there are some things about drinking you won't hear from the drinks industry.

## Drinks industry information about drinking

Amongst all the various information available to people about lifestyle issues (including alcohol consumption), the single most problematic type is that which is produced or sponsored by bodies with a business interest in products it may be healthy to avoid or reduce our use of. In the specific case of alcohol, there is some evidence that education campaigns supported by the major drinks companies may actually promote alcohol consumption.<sup>31</sup> The reasons for this include:

- The inherent tension between the industry's need to maintain (and ideally increase) alcohol sales, and any messages that might encourage reduced consumption. It would be commercially disastrous for alcohol producers if large numbers of people started drinking a lot less
- The use of ambiguous language such as “drink responsibly”. Unlike terms like “moderate” or “reduced” drinking, or advice not to exceed 14 units each week, “drink responsibly” does not necessarily imply anyone should be drinking less alcohol, simply that they should drink it properly<sup>32</sup>
- The tendency of the industry to frame messages

about drinking in the context of an assumption that alcohol consumption is a good thing. Except in very particular situations (such as when a woman is pregnant)<sup>33</sup> the idea that not drinking alcohol at all might be the best choice (or even just an enjoyable way to spend the evening) is rarely presented.<sup>34</sup> Even the idea that one should avoid alcohol before driving is problematic for some in the industry, who prefer to warn against “driving drunk”<sup>35</sup> or to advise consumers to drink but not drive<sup>36</sup>

- A focus on certain minority drinking activities to which a strong social stigma is already attached, or which are already illegal,<sup>37</sup> such as underage drinking,<sup>38</sup> drunken violence, sexual harassment whilst drunk,<sup>39</sup> or driving when intoxicated (with the caveats cited above).<sup>40</sup> This permits most drinkers to reassure themselves that their behaviour is, at least, not like that. Not undertaking such shameful activities can thereby become a proxy for drinking moderately, and permission to carry on drinking as usual. One classic example of this is the finding that designated driver interventions result in an increase in the amount of alcohol consumed by passengers – the “responsible drinking” box has been ticked by designating a sober driver, giving the rest of the group permission for excess<sup>41</sup>
- Promotion of the idea that alcohol-related problems are created by careless end-users of the product – “a mindless minority does not understand how to drink sensibly”<sup>42</sup> – rather than by any properties of the product itself. This is coupled with an avoidance of any mention of the inherent toxicity of alcohol.

## But information is important

All this is not to say that there is no point providing people with information about alcohol and advising them, in an appropriate and respectful fashion, how much it is healthy to drink. In 2011, a review of international evidence on alcohol harm reduction found that, “there is little evidence that health education campaigns on their own are effective in influencing the population's drinking behaviour”. The researchers went on to say that “nonetheless, many experts consider that it is an essential component to an overall strategy to limit alcohol-related harm”.<sup>43</sup> As we've seen already, that “overall strategy” needs to address alcohol in its broad social context. It also needs to recognise that alcohol harm reduction is an issue for all of us; not just for a “mindless minority”.<sup>44</sup>

## Why target the whole population?

Since statistics indicate that most people in the UK don't routinely drink to excess,<sup>45</sup> it's only fair to ask why any alcohol project shouldn't just focus on those people who do. The simple answer is that, as Harold Holder has pointed out, "drinking is not only a personal choice, but also a matter of custom and social behaviour".<sup>46</sup> All of us who drink, drink in some kind of social context. Even lone home drinking is not wholly independent of the broader drinking culture. We in the British Isles live in a drinking society, one in which alcohol consumption is more normal and much heavier than in most other countries of the world.<sup>47</sup> Even those of us who don't drink, or who drink very little, will feel the influence of drinking behaviours in our lives, workplaces and neighbourhoods. But in spite of the ubiquity of alcohol across our society, we often seek to compartmentalise drinking behaviours quite sharply into those we regard as acceptable and those we do not. There are two main elements to this:

- Marking out obviously problematic drinking as being atypical and disconnected from mainstream consumption
- Making light of potentially problematic drinking that we don't wish to worry about.

### Marking out problematic drinking as atypical

The Portman Group voices the views of many people in its insistence that there is a clear distinction between "the minority who misuse alcohol" and "the majority who enjoy a drink responsibly".<sup>48</sup> The Group sees alcohol misusers as exceptions to a national pattern, and states that "the industry's focus is now on supporting those local areas that remain out of kilter".<sup>49</sup> In short, problem drinkers and certain "local areas" are not like the rest of us.

This attitude to alcohol problems reflects a general reluctance in our society to recognise that alcohol use is a spectrum and that the boundary between healthy use and misuse is not always clear.<sup>50</sup>

Although we are often quite tolerant of heavy drinking (especially when it is done sociably), there is still a strong social stigma attached to saying one has a drink problem and seeking help for it. It has become a commonplace in alcohol treatment services to joke that a plan to site a new pub on a street is likely to provoke less concern from local residents than a proposal for a new alcohol treatment centre.

*"We're concerned that the value of our properties will fall if this centre is built, and we won't be able to sell them. No one in their right mind is going to buy a family home next to a drug and alcohol centre."*

Campaigner against an alcohol treatment facility in Llandrindod, 2012<sup>51</sup>

### Making light of potentially problematic drinking

The urge to place some distance between "normal" and "problem" drinkers is also reflected in our remarkable reluctance as a society to discuss our drinking in an honest, adult fashion. Rather than talking factually about how much we drink and what effects it has on us, we prefer euphemisms, jocularly, bravado, mock-regret and other forms of social code. Phrases like "liquid lunch", "wine o'clock", "merry", "tipsy" and "worse for wear" all allow us to talk about drinking without really thinking about it.

Alcohol Concern seeks to challenge both judgemental attitudes to alcohol problems and the general lack of honest conversations about drinking. Our aim is to get all of us thinking and talking about drinking, for the benefit of all of us and our communities...which brings us on to our next topic.

## Why community development?

*“Communities – be they communities of place, of identity or of interest – have enormous assets. Effective health promotion feeds and nurtures what is already going on in communities.”*

Royal Society for Public Health, 2009<sup>52</sup>

*“When faced with the greatest challenges... wealthier Americans turn to expensive therapists. Others, without the resources or the availability, turn to each other.”*

Chris Arnade, 2016<sup>53</sup>

Once we recognise that the determinants of health are ecological, that they are complex and all around us, not just within us (see **Information isn't enough** on pages 8-10), it follows that action to improve health must be ecological too. It needs to address us as individuals but also as communities and as players in the organisations that make up communities. Social connections, social norms and social pressures can all influence our health for better or worse. So, as Harold Holder has said, “until...efforts cease to focus narrowly on the individual and begin to adopt broader community perspectives on alcohol problems...these efforts will fail”.<sup>54</sup>

We've known for decades that personal resilience is crucial to avoiding alcohol problems.<sup>55</sup> The sense of autonomy, self-confidence and self-worth that gives us the capacity to bounce back from setbacks is often more important than how well-informed or health-literate we are. One big factor in building that resilience in the first place, and maintaining it later on, is our relationships with the people around us. On the whole, healthy social connections bring better physical and mental health. Conversely, adverse social conditions can seriously undermine our health. It's revealing that when researchers at

the University of the West of England asked people about alcohol issues in 2011-12, the responses they got mainly related to people's social situation rather than to alcohol specifically. The seven themes they identified were:

- Family
- Trapped
- Worry
- Powerless
- Alone
- Ashamed
- Confused.<sup>56</sup>

In all this, the issue of alcohol information and education was peripheral. Although it was mentioned that some people were confused by unit guidance, the idea that people drank too much because they were irresponsible or ill-informed simply did not come through. What was most clear was that people did not feel in control of their circumstances. This very much echoes the World Health Organisation's 2008 *Closing the gap in a generation* report, which stated that as well as needing “good material conditions to lead a flourishing life”, people “need to have control over their lives; and people, communities, and countries need [a] political voice”.<sup>57</sup>

If lack of control is a cause of poor health, it follows that enabling people to achieve more control over their own lives is a potential means of health promotion. This usually means that someone else has to relinquish some control. That may include people like us – what Harold Holder calls “the well-intentioned people who introduce [alcohol harm] prevention programmes into communities”. This relinquishing of control can be a scary, risky strategy. As Holder says, “communities [are] adaptive dynamic systems – complex arrangements with parts that interact and change over time, often in unexpected ways”.<sup>58</sup> In the next section, we'll look at just how much control you may need to relinquish in order to have successful community alcohol project, and how to do it.

# Section 2: The big ideas

*This is where we set out the principles and thinking that underpin what we've been doing. Even if you're more into practice than theory, we would encourage you to read this section carefully, to make sure your project is built on solid foundations.*

## The principles of engagement

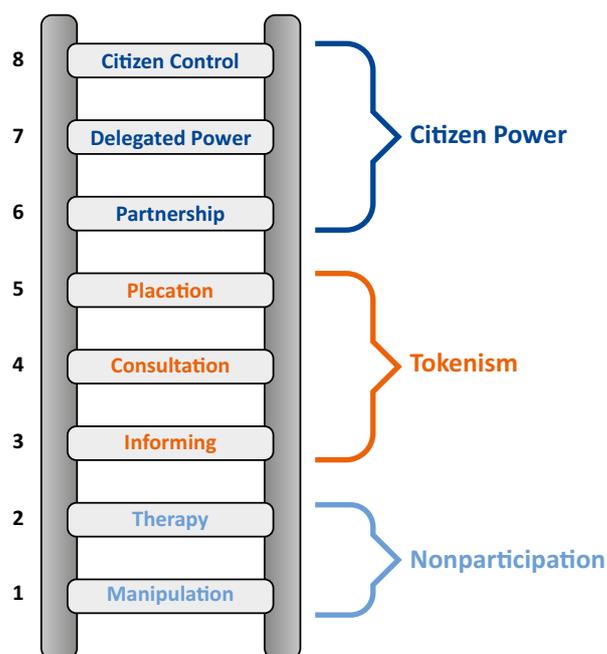
*"People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health."*

Ottawa Charter for Health Promotion, 1986<sup>59</sup>

*"Approaches to help communities to work as equal partners, or delegate power to them, or provide them with total control, may lead to more positive health outcomes. Local control is therefore more likely to result in programmes and interventions that are self-sustaining in the longer term."*

Royal Society for Public Health, 2009<sup>60</sup>

The theoretical basis of public participation was perhaps most clearly set out by Sherry R Anstein in 1969 in her famous Ladder of Participation.<sup>61</sup>





- At the top end are **citizen control** and **delegated power**, empowering the public by placing the final decision-making authority in their hands. Of these two options, **delegated power** is the more cautious one in that it implies that power has been devolved over certain issues for a certain time, and may be taken back
  - Below that comes **partnership**, in which decision making is somehow jointly done. Exactly how joint decisions are made, and who takes ultimate responsibility for them, will need to be agreed locally
  - **Placation** often involves placing citizens at the heart of the decision-making process, so they feel involved, but not handing over any real power. An example of this would be co-opting a citizen onto a public body – they may have real influence or they may feel overwhelmed and outvoted
  - **Informing** and **consulting** are linked ways of giving people information and seeking their views on the basis of that information but retaining decision-making power. This is the process local authorities use on planning issues, e.g. new roads, alterations to buildings etc.
  - **Therapy** and **manipulation** imply the use of the participatory process to persuade people to come on-side with decisions over which they have no real control.
- It runs the risk of handing control over to a minority group of the most active or outspoken, who may not be seen by others as accountable or representative
  - Linked to this, some kind of assurance is needed that the group of citizens to whom control is to be handed can be called to account in some way
  - Giving power to citizens may be seen to undermine professional management of a topic, based on expertise and evidence, e.g. a group of citizens may wish to keep a small local hospital open when doctors and/or managers believe that using a larger but more distant facility will bring better medical outcomes
  - Citizens may propose courses of action that would normally be considered unsuitable or unacceptable, e.g. unfairly targeting people they see as a source of local problems
  - And as Arnstein herself noted, participation projects can let citizens down by “allowing them to gain control but not allowing them sufficient dollar resources to succeed”.<sup>62</sup>

Arnstein herself was quite scathing about the lower rungs of the ladder, describing them variously as “a sham”, “tokenism” and “dishonest”. For her, **citizen control** and **delegated power** were the most promising routes, although even she recognised the potential pit-falls. In reality, although many local initiatives will sit on the sixth rung of the ladder (**partnership**), ascending to the seventh or eighth rungs of **delegated power** and **citizen control** is much rarer, for the following reasons:

- Handing over control to a group of citizens has to be balanced with existing structures of representation and government (such as town and county councils), which are established in law and generally regarded as the legitimate decision-making channels for many issues

Which rung of the ladder you wish to work on will be a matter for you. Alcohol Concern’s Communities Together project could be said to be on the seventh rung – **delegated power**. Although we ceded objective setting and the choice of activities to participants, we always retained ultimate control of the project. This was in large part because it was Alcohol Concern that had the final responsibility for ensuring good use of funds and for reporting to the funder, the Big Lottery Fund. Whichever rung of the ladder your project sits on, you will need to be clear about it with participants – so that people understand the implications and responsibilities of getting involved, on the one hand; and do not have unrealistic expectations on the other.

Whatever the level of engagement, the 10 Principles of Public Engagement developed by Participation Cymru with the Tenant Participation Advisory Service (TPAS Cymru) are a useful guide – see **Appendix 2** on pages 43-44.

## Thoughts into actions

- Thinking about your project, which rung of Arnstein's Ladder of Participation is it likely to sit on?
- Would it work better on a different rung?
- What would you need to do to get it there?
- Looking at the 10 Principles of Public Engagement in **Appendix 2**, how many of these do you think your project can realise?
- Are there any that you're missing that you particularly want to achieve?
- What could you do to achieve them?

## Don't tell me what to do!

*"The liberty of the individual is still believed in...It is the liberty to have a home of your own, to do what you like in your spare time, to choose your own amusements instead of having them chosen for you from above. The most hateful of all names in an English ear is Nosey Parker...Like all other modern people, the English are in the process of being numbered, labelled, conscripted, co-ordinated. But the pull of their impulses is in the other direction."*

George Orwell, 1943<sup>63</sup>

None of us likes being told what to do. In an adult context, directive approaches to health promotion are at best unhelpful and at worst counterproductive. Simple messages about drinking less, not smoking, and/or eating more vegetables, often do not play well in our complex lives. Advice to, say, alternate soft drinks with alcoholic drinks on a night out, can seem trite, irrelevant and unsympathetic – the advice of someone who's never actually been out on an evening's drinking. Continuing to push such advice provokes claims of being out of touch, or of a "paternalistic agenda from the great and the good, who think they know better than ordinary folk what is good for them".<sup>64</sup>

Unfortunately, although many people working in public health have recognised this, much of the response has centred on finding ways to direct people without them noticing it. This has been the approach taken by proponents of the "nudge". The following piece from the Local Government Association sets out the thinking:

*"The traditional approach dictates that... where [an issue] is less clear cut...the state should leave it to individual choice. But this ignores the fact that there is a variety of ways in between that behaviour can be influenced, from encouraging and incentivising people through to subtly guiding choice in a certain direction. This can include enticing people to take up activities or using subliminal marketing. For example, stressing social norms can encourage people to change behaviour because they want to be alike."*

Local Government Association, 2013<sup>65</sup>

There are a number of fundamental problems with this approach:

- Although it recognises that factors outside the individual consciousness are part of health-related decisions, it still fails to recognise the full complexity of health ecology (see **What's wrong with traditional approaches to alcohol harm reduction?** on pages 8-13)
- It is something being done to people from the outside, not by them for themselves
- It presupposes an inequality of power and knowledge between the nudger and nudgee. The people generating the nudge assume a right to nudge their target population; there is no suggestion those being nudged might wish to nudge back. The infantilising vocabulary of "hugs", "shoves" and "smacks" that go along with "nudges" makes this inequality quite clear

- As the references above to “subtly guiding” and “subliminal marketing” indicate, it is a less than honest approach. A decision that is certainly “clear cut” has been made about what the desired behaviour is, but it has also been decided that people won’t comply when directly urged to undertake that behaviour and so they have to be “influenced”.

In all this, there is very little sense of coming alongside people and hearing their health experiences as valid testimony. What many of us need in order get a handle on our health isn’t more advice but what has been described as “a damn good listening to” – a chance to explore and understand all the things that influence our health, without anyone trying to direct or persuade us. What Alcohol Concern is proposing as an alternative both to bossing people around and nudging them in the right direction is something qualitatively different: a dialogue on the basis of equality and autonomy, engaging with people in adult conversations about alcohol.

*“Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.”*

Welsh Government, 2015<sup>66</sup>

*“To lead people, walk beside them...As for the best leaders, the people do not notice their existence. The next best, the people honour and praise. The next, the people fear; and the next, the people hate...When the best leader’s work is done, the people say, ‘We did it ourselves!’”*

Laozi (Lao-Tzu) 6<sup>th</sup> century BC

## Making opportunities for inclusion

*“All social contexts contain a power relationship. There are powerful groups within society and there can be powerful individuals within groups...There are powerful languages that enjoy high prestige, world status, large numbers of speakers and state sponsorship; and there are less powerful languages that may have fewer speakers, lower status, a history of restricted use and may be held in low esteem by speakers and non-speakers alike.”*

Welsh Centre for Language Planning, 2009<sup>67</sup>

Obviously, you’ll want your project to bring in participants from a range of backgrounds and circumstances; and as much as possible, to reflect the mix of people in the area you’re working in. Unfortunately, that doesn’t always happen naturally. For various reasons, you may find some groups of people are more drawn to your project than others, or feel more able to take part – be that people of a particular social class, or ethnic origin, or from a particular part of town. In this section, we’ll look what you can do to make sure as many people as possible have a real chance to get on board.

## Sticking to the law, and more

The Equality Act 2010 sets out certain “protected characteristics”,<sup>68</sup> and it is illegal to treat anyone unfavourably on the basis of these:

- Age
- Disability (physical or intellectual)
- Gender reassignment
- Marital status or civil partnership
- Pregnancy and maternity (including breastfeeding)
- Race – this can include colour, nationality, ethnic or national origins
- Religion and belief (including humanism/atheism)
- Sex (gender)
- Sexual orientation.

This list is a good starting point, and includes many of the characteristics that have been objects of prejudice and abuse over the years. However, we need to remember that people may be excluded, ignored or abused for other reasons, even if they don't have any of these important “protected characteristics”. One obvious group of such people, of course, is people with substance misuse issues. The fact that someone is known, for example, as a heavy drinker may lead to them being marginalised socially. If their drinking leads to chaotic or unpleasant behaviour, they may move further to the fringes of society. Conversely, as we've set out in the section **What's strong, not what's wrong** on pages 21-23, someone with direct experience of an alcohol problem could well be a real asset to your project and an advocate for it.

## How do we experience discrimination?

In the simplest terms, discrimination means “treating you unfairly because of who you are”.<sup>69</sup> In all situations, there is potential for some people (or some groups or types of people) to feel better treated, more appreciated, more included and welcomed than others, even when no one thinks they are excluding or mistreating anyone.

Sometimes there are cases of obvious direct discrimination, such as preventing a person from accessing an event, or deliberately making them feel unwelcome. More common, though, is indirect discrimination, such as having a rule or policy or way of doing things that has a worse impact on some people than on others – like always meeting in a certain place or at a certain time of day, or having a dress code.<sup>70</sup> This is usually done unintentionally, but that doesn't make it any less painful for the person on the receiving end.

When any kind of discrimination happens, things can get quite heated quite quickly. This is because discrimination is an emotional experience, not an intellectual one – it's something that pushes our buttons, that winds us up. People experiencing discrimination (or believing they are experiencing it) will feel a range of negative emotions. They may be hurt, bewildered, angry or otherwise upset. They may be surprised, or they may find the discrimination miserably familiar. People who are accused of discriminating may share many of the same emotions. They may be resentful, dismissive, or disbelieving. They may feel that they're being criticised for something they've always done, that their critic has a chip on his or her shoulder, or that they can't keep up with ever-changing “political correctness”. If you're running a project where conflicts like these emerge, you may feel uncertain, confused or even overwhelmed. Here are a few principles to bear in mind to help you navigate through it:

- First of all, we need to acknowledge that discrimination is real. The Race Relations Act was passed back in 1965, the Equal Pay Act in 1970, and public bodies often proudly display their commitment to diversity. Despite all this, people still experience disadvantage and abuse simply because of who they are
- Discrimination is often subtle, unintentional and cumulative. The thing that finally makes someone say out loud that they've been unfairly treated may be quite minor but may follow years of more serious mistreatment

- As we've said, discrimination can be unintentional. Very few of us plan to discriminate, but many of us do it in practice. We need to make it possible for others to tell us when we are behaving unfairly
- Discrimination can be active or passive. Doing nothing to recognise someone's particular needs (e.g. support to see or hear what's going on in a meeting) can sometimes be as damaging as actively shutting them out
- People are multi-dimensional. None of us are just a race or a gender, an age, a class, a sexuality, an educational experience or a religious faith. All of these things will affect who we are, the way people treat us and how we deal with that
- However "ordinary" or "mainstream" we may consider ourselves to be, we all have our own diversity that may have an impact on others. We are as different from others as they are different from us
- Perhaps most importantly, we can often see diversity as a challenge or a problem. We will get further by seeing it as a strength to be celebrated.

## Practical tips for including everyone

*"Put yourself in their shoes. Think of the barriers to engagement from their perspective. What might it feel like to be approached by you? Then try to work out how some of these barriers could be overcome. Try to find out from them what the barriers are from their perspective. It is important to remain sensitive, non-judgemental and kind in your approach."*

Adapted from the Welsh Government's  
Family and community engagement toolkit,  
2015<sup>71</sup>

The best starting point for being inclusive is to recognise that, in order to ensure people can participate and contribute to the same extent, you may need to arrange things differently for them. So, some things to consider when organising events and activities are:

- **Do you know your local community?** Are you broadly familiar with the socio-economic, ethnic and linguistic mix of your area, and the difference neighbourhoods in the patch? Are there things you can do to draw in people from different backgrounds and different parts of town?
- Is the venue physically accessible?
  - Can the site be reached without a car, e.g. is it central enough to be walkable for many, or near public transport stops?
  - If someone has to come by car, is there anywhere they can park?
  - Do you need to arrange transport for anyone?
  - Once they can get to the venue, can they find it and get in easily, including if they have a disability?
- Is the venue acceptable to everyone?
  - People may feel better about meeting in a venue that feels part of the community rather than, say, an official building
  - Some people may be reluctant to meet in a venue that serves alcohol
- **Is the time of day right?** People have different schedules. You'll never suit everyone but you need to be aware of the effects of your choice of time, e.g. stay-at-home parents of small children may be glad of a meeting during the day; shop workers may not be free until after 8pm
- **Are there any other arrangements you need to make?**
  - Do you need a translator and do you need to prepare information in any particular languages?
  - If you're providing food, are there any dietary requirements you need to meet?



Some basic ground rules for meetings and events are always useful too:

- **Equality of attention:** Everyone deserves a hearing, from people with obvious social, professional or academic status, to people who are just there as themselves. Don't let the most confident speakers and most well-known influencers and decision-makers dominate the room. The voices we least often hear may be the most enlightening. Which leads us to our next rule....
- **Plenty of listening, no interrupting:** It's amazing how much sense another person's views can make when you hear them out and think about why they say the things they do
- **Mind your language:** Many people feel left behind by changing terminology. Words which were once commonplace are now frowned upon. On the other hand, many other people are very glad that it's no longer OK to casually insult them with belittling racial or sexual terms. There are two principles to keep in mind here. Firstly, if someone finds a word offensive, then it's offensive to them, and we should avoid using it with them. Secondly, if someone unintentionally offends with a term that they've been using for years, a calm explanation will go a lot further than an angry rebuke. Which brings us to...
- **No accusations, no name calling:** If we disagree with each other, we need to understand why. Saying that someone holds a particular opinion because they are, for example, "ignorant", "sexist", a "Lefty" or a "Tory", or have not lived in the neighbourhood long enough, will get us nowhere.

Be aware too that some of the issues that come up during community work are much bigger than your particular project, for example the idea that one social, ethnic or linguistic group regularly gets favourable treatment over another. These are issues you clearly won't be able to resolve globally; although, by bringing together people from the different groups to talk, work and listen together, you may be able to build some bridges locally. When faced with long-standing and deep-seated social divisions, it's sometimes best to focus on

small, achievable, digestible portions. As the old joke goes, "How do you eat an elephant? One spoonful at a time!"

*"Listen patiently and seek the truth which other people's opinions may contain for you. Avoid hurtful criticism and provocative language. Do not allow the strength of your convictions to betray you into making statements or allegations that are unfair or untrue. Think it possible that you may be mistaken."*

Quaker Advices and Queries, 1995<sup>72</sup>

## Thoughts into actions

- Put yourself in potential participants' shoes. If someone had just told you about the project for the first time and wanted you to get involved in your own time, would you want to?
- What practical obstacles would you face?
- What else might put you off joining in e.g. any other fears or worries?
- Try to look at your project objectively, and ask yourself whether it is likely to be seen as being for any particular types of people?
- Who is that, and why?
- Is there any type of person or group of people you'd be surprised to see taking part in your project?
- If so, why is that?
- People whose voices are less often heard are sometimes described as "hard to reach". Will your project have difficulty connecting with any particular groups of people?
- What makes it difficult, and what could make it easier?
- Where will your project be based and will people go there?
- Could it benefit from being based somewhere else, or at more than one site?

## What's strong, not what's wrong

*"For those...who are tired of hearing their communities described as 'deprived' and 'needy', ABCD...offers an alternative language of 'assets' and 'capacities'. And for those who struggle to see how any lasting progress can be achieved, it offers the possibility of transformative change."*

Church Urban Fund, 2013<sup>73</sup>

*"We live in cities you'll never see on-screen. Not very pretty but we sure know how to run things."*

Ella Yelich-O'Connor, 2013<sup>74</sup>

There are many definitions of community development and many theories about the best way to go about it. However, one of the major criticisms of community development programmes so far is that they have relied too much on external experts who:

- Identify a community as being in some way "in need" of a project (perhaps due to high unemployment and/or poor health)
- Consult to clarify needs, although often doing so on the basis of a limited range of options or preconceived ideas about what would be beneficial (often through a genuine concern that allowing the community too much scope will lead to impossible changes being proposed, leading in turn to disillusionment)
- Make little reference to the community's own capacity for transformation and improvement under its own steam
- Deliver certain changes over a specific time period (generally because funding is time-limited)
- May be able to bring resources into the community in the form of salaries and facilities, but may not be able to bring genuine buy-in and long-term change.

For some, the very business of identifying needs is the basic problem with some community development projects:

- The focus on needs creates a sense of deficiency rather than ability
- If the needs assessment is used to determine what solutions are needed, there may not be local capacity to deliver those specific solutions. This, then, helps develop a client mentality in local residents, who see themselves in need of an external agency to bring them solutions. This kind of dependency can, in turn, lead to people being let down with a bump when that agency has to withdraw or reduce its presence
- If the results of the needs assessment become enshrined in project targets, this may lead to the project lacking flexibility and local responsiveness, and so becoming increasingly irrelevant to local people as it progresses.<sup>75</sup>

Asset-based community development (ABCD) has grown up in part from dissatisfaction with this situation. ABCD starts with people and their formal and informal associations and organisations, and seeks to identify the "assets" already present in the community rather than deficiencies or needs. These may be obvious things like buildings and services, businesses and organisations; or less tangible things like people and their skills and enthusiasms. They may include "assets" that no one has really thought much about before, such as a person's informal role in encouraging the people around them, or a skill someone uses in a hobby but never considered useful to others. In terms of alcohol harm reduction, the following things may be considered community "assets":

- Professional knowledge of alcohol misuse
- Personal experience of drinking and a willingness to share it. This may include positive experiences, embarrassing ones, and experiences that have been genuinely difficult or traumatic
- Experience of supporting someone with an alcohol problem, as a family member, friend, neighbour or professional

- Experience of the local night-time economy, as a drinker, a non-drinker, a publican, or a police officer or PCSO
- Creative, literary, artistic or acting skills that may help to tell people's stories
- A rapport with people and a willingness to listen
- The ability to run stimulating social activities as an alternative to alcohol. This could be anything from football to language classes or embroidery
- Knowledge of the local landscape and the opportunities it offers
- Financial or administrative skills
- A driving licence, to help take people to events.

The list is potentially endless, but the main point to note is that it includes “assets” we often overlook (such as being a good listener) and things we may normally regard as negative (such a history of problematic drinking).

The aim of ABCD is to see all these assets, make the most of them, and connect them to each other for the benefit of the community as a whole. Identifying these assets is sometimes known as a “capacity audit”, and in some ways, the very act of identifying them is the most transformative process. People may not have realised how much they can do, nor how useful their skills and experience are. They may not have realised either how many of their neighbours have the skills and experience they need to draw on. Uncovering the hidden potential of their neighbourhood may lead them to take a more positive view of it.

*“I didn't want people to know where I was from because I was embarrassed. Since doing the survey, and all of us seeing how many great people, places, and resources we have here, I feel different...I feel proud of our neighbourhood and how we are the ones making things happen.”*

*“We never guessed how much we would find! People checked off so many things they could offer to each other.”*

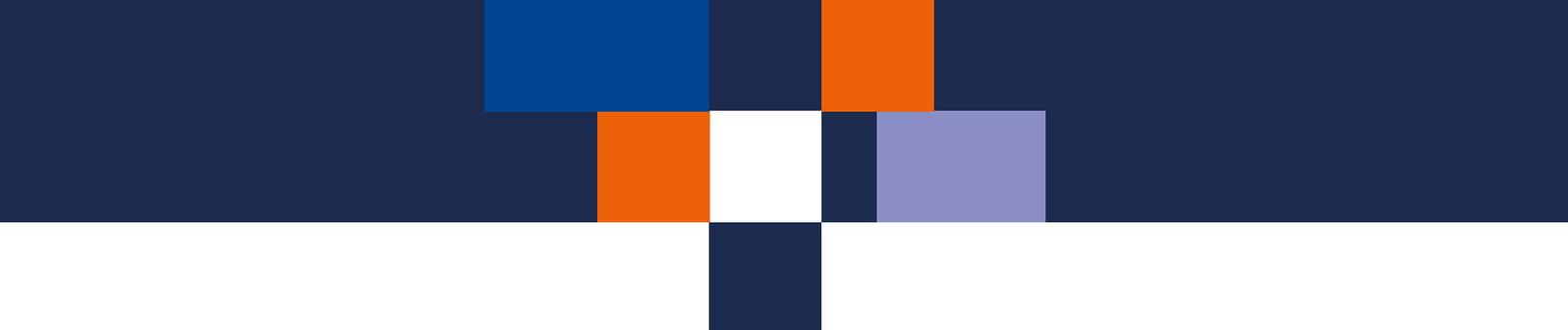
Comments collected by Kretzmann and McKnight, 1997<sup>76</sup>

According to John P Kretzmann and John L McKnight,<sup>77</sup> two of the leading advocates of ABCD, it has three principal characteristics:

- The belief that **everybody has something to give** to those around them, regardless of their perceived social, educational or professional status
- It is internally-focused, based on the belief that communities cannot be built from the top down, or the outside in, but only **from the inside out**. There may be a need for external resources to realise projects, but the primary emphasis is on local leadership and creativity
- It is **relationship-driven**. In order to identify and mobilise community assets, people need to relate to each other, to talk to each other and listen.<sup>78</sup> This process of people taking time to connect with their neighbours often brings benefits well beyond any one set of specific project outcomes.

*“Time is greater than space. This principle enables us to work slowly but surely, without being obsessed with immediate results...Giving priority to time means being concerned about initiating processes rather than possessing spaces...giv[ing] priority to actions which generate new processes in society and engage other persons and groups who can develop them to the point where they bear fruit.”*

Jorge Bergoglio, 2013<sup>79</sup>



It is worth closing this section, however, with a word of warning. ABCD is sometimes seen as community development “on the cheap” – a way for local and national governments, in times of austerity, to get local people to do things that public services use to do, to “take over the running of parks, libraries and post offices”.<sup>80</sup> The following observations from 2015 by researchers from the University of Birmingham illustrate the point.<sup>81</sup>

- “For most [local] authorities...the austerity cuts acted as a catalyst or confirmer for a community based approach.”
- “[Coventry City Council] hope that they will be able to mitigate the impact of the austerity measures through finding innovative alternatives to traditional public services.”
- “The alternatives [Shropshire Council’s] care managers now present are generally cheaper than the standard responses that were suggested previously.”

If you are taking an asset-based approach, it may well fit well with your local authority’s need to cut costs, but it needs to be done, and be seen to be done, because it’s the best approach for your community.

## Thoughts into actions

- What are your community’s assets, e.g. buildings and facilities, skills and experience, drive and enthusiasm?
- Everyone has something to give. Have you looked beyond obvious professional expertise and considered, for example, the things people do as hobbies, plus the difficult life experiences that may have given people a valuable story to share?
- Which of the community’s assets could your project draw on? Be as imaginative as you dare
- Are there some assets that could particularly benefit from connecting with each other, e.g. two community groups with common aims; or an underused venue and a group in need of a space to meet? You might need help to bring the two together – see **Making the connections** on pages 29-30.

# Section 3: From theory to reality

*This is the most practical section of the handbook. It's where we describe what we've been doing at ground level and how it turned out, as well as giving you plenty of tips on how you can get a community alcohol project up and running in your local area.*

## What is your “community”?

*“In every area we have gone into so far, there is a strong sense of place, but that place has often not been as we originally envisaged it...Any programme which claims to be building community strengths has to recognise that the nature of place is blurred. While people may feel a real sense of pride in their locality, they also benefit from actions that happen outside their boundaries, as well as enjoying the support of people who come into their communities from outside to participate in different activities.”*

Chris Johnes, 2016<sup>62</sup>

Before you start a community alcohol project, you have to know what the “community” you’re trying to work with is. This might be:

- A **physical community**: a given space or area of ground, such as a street, village or city, and the people who live and/or work there.
- A **community of interest**: a group of people who have an enthusiasm or situation in common. They may have the same religion or the same health needs, or they may be trying to achieve the same thing.

Basing a community alcohol project on a community of interest is potentially problematic for a number of reasons:

- The community may be self-defining and/or exclusive
- It may only represent one side of any issue
- We would argue that alcohol is an issue for everyone, not just for those of us who are thinking about it for a particular reason, e.g. because we sell it, drink it, abstain from it, or disapprove of it.

For all these reasons, we adopted a place-based approach. Whoever was living and/or working in the project area was a potential participant; and this is the approach we recommend to others.



In order to take a place-based approach, first we needed to understand the size and shape of the place we were working in: how big it was and how many people it included. To work as a community, a place and its people have to feel like a community: a unit held in common, something people believe they share and take part in together. This raises the questions of:

- How much physical space can a community extend over before stops feeling like a unit and becomes amorphous or simply a slice of something bigger. How many streets, or how many square metres or square miles make a “local” area?
- Similarly, how many people can make up a community before it stops feeling like a unit?

## Defining a physical community

There are various ways to delineate a community topographically, i.e. to find the things that mark out its physical boundaries. Some neighbourhoods have one or more obvious boundaries, like a major road or a coast or river, or even just a park. Some villages have discernible edges where the houses peter out. Other boundaries, such as those between local authorities, or districts of a city, may be historic and deeply felt, or purely administrative and largely meaningless on the ground. As the comment above from Chris Johnes of the Building Communities Trust suggests, people living in an area may have their own ideas about the extent of their neighbourhood, but these may be “blurred”. As well as “enjoying the support of people who come into their communities from outside,”<sup>83</sup> they may also regard places and facilities they regularly visit, even at some distance, as somehow exclaves of their neighbourhood.

So, how do we start mapping our territory? Even in an age of widespread car ownership, when it comes to measuring the physical space occupied by a community, the concept of walkability is often as good a yardstick as any. We may well drive to the cinema and the supermarket, but most of us still walk to meet friends and fetch small items. Walkability also taps into a quite basic feeling for our ‘patch’, our ‘manor’, or the Welsh concept

of a ‘milltir sgwâr’ - a home territory of a square mile. As a rough measure, if you can’t walk across it in an hour or less, it’s probably not felt to be a community.

## Defining a community population

An area of land isn’t a community without the people who live on it. But what size of population makes a community, and how big a population is needed to sustain community projects? On the one hand, too small a population may lack the range of skills needed to undertake some tasks. On the other, if too large an area is treated as a single population, people may feel that have less in common.

The community of Fishguard and Goodwick has a population of around 5,400, and our experience there, along with evidence from other areas, suggests that 4,000 to 6,000 is a particularly promising population size for community development work. A similar community alcohol project has been running in Blackburn, West Lothian, which has a population of around 5,000; and it is perhaps worth noting that the average local authority ward population across the UK is 5,500, suggesting that this is regarded as a level at which people regard themselves as a unit for democratic purposes.<sup>84</sup> For some at least, this is the Goldilocks Population – neither too large nor too small, but just right.<sup>85</sup>

However, we should avoid being dogmatic about this. A more densely populated urban ward may have a strong community ethos. For example, St Paul’s in Bristol (with a population of 7,200), and Ely and Caerau in Cardiff (home to 25,900 between them) could both be said to have a real community feel, and have been home to successful community projects.<sup>86,87</sup> Likewise, a much smaller village may be keen to show that size isn’t everything. Our own work in Fishguard encouraged the development of a timebanking scheme in the nearby village of Letterston, which is home to just 1,200 people.

## A community of communities?

Whatever size community you're working in, it's unlikely to be homogenous, and local people may have various ways of mentally subdividing their neighbourhood. A look at our Communities Together project in Pembrokeshire reveals that the whole project area is a little over a square mile in size, but that within it there are three more-or-less distinct sub-communities:

- **Fishguard:** The main town and administrative centre, with a good range of shops and other facilities
- **Lower Fishguard, also known as Lower Town or Y Cwm:** A much smaller hamlet, stretching along the main road north out of the town and up the adjacent valley, Cwm Gwaun. This area has few of its own facilities, perhaps because it is so small and only a couple of hundred metres from the main town. Topography makes it potentially difficult for some to access, since the roads to it run down the steep valley sides
- **Goodwick:** The neighbouring town to the south and a busy ferry port, separated from Fishguard by a few hundred metres of countryside. Goodwick is well-supplied with local facilities, although fewer than Fishguard.

Fishguard, Lower Fishguard and Goodwick are all within themselves very much walkable and feel like quite distinct units in themselves as well as being elements of a cluster of settlements. All three places can be reached on foot from each other within an hour (and so the whole area is, in that sense, walkable) although it is hardly an easy walk, and many people travel between them by car. Whilst maintaining a certain sense of separateness from the main town, people in Lower Fishguard and Goodwick do rely on Fishguard for many services and supplies. As in many districts, there is a sense that the "centre" (in this case, Fishguard) receives more attention, support and funding than the "periphery" (Lower Fishguard and Goodwick).

*"It's different [here] to anywhere else. You go to somewhere like Wigan or somewhere, you walk 'round, everybody's, like, dead weird about life?"*

*"So, you think it's weird in Wigan? Really?"*

*"Living in Skem's nowhere like anywhere else."*

Grayson Perry, 2016, in conversation with a young man in Skelmersdale, 7 miles from Wigan<sup>88</sup>

*"It [is] in the nature of the human species to highlight and exaggerate the differences between any two social groups...The more similar the two groups, the more they feel compelled to seize upon, overstate and embellish even the most insignificant contrasts."*

Kate Fox, 1999<sup>89</sup>

As the comment above from the anthropologist Kate Fox suggests, it can be very tempting to dismiss the distinctions people draw between their own patch and the neighbouring ones. In practice, however, it pays to think about whether your project area has any such divisions, be they real or imagined, and to listen to local views (and grievances). The belief we found in Pembrokeshire that one town received preferential treatment over another is commonplace, and the chances are that you'll have to work with a similar set of ideas. The challenge is to make a positive of this potential negative.

**The belief in one part of town that some other parts get all the good stuff, is an opportunity for your project to be what people don't expect – to be the one that is present and visible in the "periphery" as well as the "centre".**

Even if divisions and disadvantages are more imagined than real, the goodwill that is generated by recognising that people feel them, and doing something to ameliorate them, can be invaluable.

Local knowledge is vital here. You need to know, or find out, where people see the dividing lines and which areas people see as favoured or disadvantaged, and make sure you're known in all of them. A good first step is to seek out underused or unexpected venues in the "periphery" and use them for events and activities. These may be venues that are popular with locals but which are not normally used for more formal community development work (such as a pub, football club, or even a market stall). They may be public facilities (like a library) that could do with increased footfall, or a place that's usually only frequented by one section of the community (such as a youth club or older people's day centre). Another option is to make some of your activities mobile or multi-site between. For example, one poetry-related event we held included a walking tour that visited places across the project area associated with the poet Dylan Thomas. Another productive option is to get participants out and about mapping local facilities and collecting local views across the project area, including any parts they don't usually go to.

### Thoughts into actions

- What is your geographical project area?
- Can you draw it on a map, recognising that any boundaries will be flexible and porous?
- How did you decide where to draw the boundaries?
- How many people live and/or work in the project area?
- Can you get data on patterns of age, work, ethnicity etc?
- Does the project area include any sub-communities, e.g. are any parts of town and/or groups of people seen as somehow different or separate from others? (This doesn't have to be a negative judgement, simply a recognition of diversity).
- Are there neighbouring communities that naturally feed into or draw on your community, and who may be interested in your project?

## Getting the conversation going

*"I assumed it would be preaching about not drinking as it was run by Alcohol Concern, but it seems to be far more about bringing the community together."*

*"I was listening to people's comments. At first they were very sceptical. [The Project Manager] had a tough job convincing people he wasn't just another wheeler-dealer but genuinely working for the community...[He] did extra-ordinarily well countering that very suspicious background."*

Comments by participants in Pembrokeshire, 2016<sup>90</sup>

Alcohol is a touchy subject. Although most of us have an opinion on other people's drinking habits, few of us like to have our own drinking questioned. If you're thinking of starting a local alcohol project, you need to be ready for people's reactions, and be ready for some opposition. Above all, you need to be ready to put the time into some concerted local diplomacy. Although Alcohol Concern's Communities Together project officially got underway in January 2014, the preparatory work started long before that. The main task we faced was overcoming the understandable mistrust towards anyone seeking to set up an "alcohol project". Local people were concerned that:

- We might be picking on them and suggesting their towns had more alcohol problems than others
- We could damage the image of the area, including the important tourist trade, by making it the location of an alcohol project
- We could undermine pubs and other local businesses that sell alcohol
- We would start hectoring people and telling them what to do in their own lives
- We might be anti-alcohol and trying to persuade people not to drink at all.

Our first task was to listen, and then to respond, and then to listen some more. In our responses, we made clear that:

- The towns we wanted to work in had no more alcohol problems than anywhere else, but they might be able to come up with better solutions than those tried elsewhere – their own solutions
- We wanted to present a positive image of an area that was thinking about alcohol issues in an adult fashion, and promoting a social environment that was welcoming to all and not dominated by heavy drinking – just the sort of place many tourists would like to visit
- We wanted to work with pubs and any other local businesses keen to sell alcohol responsibly. Publicans and shopkeepers generally don't want to be known for facilitating drunkenness, and may even be thinking already that they need other options to put money in the till outside of the main drinking times
- We wanted to hear what people thought, not tell them what to do
- Above all, we emphasised that abstinence from alcohol was not our aim, except for people who wanted it. Most of the project would be created by ordinary drinkers for ordinary drinkers. Without this clear acceptance of alcohol use, it is more or less certain that the project would never have been welcomed locally.

*"For all those doing Dry January, we wish you success. We're not just about the alcohol here! We serve alcohol-free beer, a variety of soft drinks and delicious hot beverages too! So keep popping in throughout January as we wouldn't want your social life to suffer."*

Pendre Inn, Fishguard, 2017

When establishing a project like this, you also need to remember that almost all of your potential opponents are also potential allies. The comments below from participants in the Communities Together project give a flavour of the diverse reasons people had for taking part, and may give you some ideas for people you could bring on board in your local area:<sup>91</sup>

- "[My role] is to develop intergenerational work...and working with the Communities Together project was a good fit."
- "I was looking for a way to make the library a hub for the community and wanted to make it accessible. The Communities Together project provided an opportunity to make the library the 'living room' of the community."
- "My friend and I wanted to organise events to get to know people."
- "I was interested to see if it was possible to use drama to change attitudes around alcohol use."
- "I have seen families that have alcohol-related problems such as domestic violence and drug-related issues."
- "People work in silos. Communities Together could bring them together."
- "This project values people rather than consuming things."
- "I am a big believer in what pubs do for communities. Several pubs are actually providing a service which helps reduce isolation for many people and it frustrates me that pubs get a bad press and this side of things doesn't seem to get recognised. So, that's why I'm happy to be involved, I want to do some positive PR for the pub trade".

## Thoughts into actions

- Think of three people in your community who are nothing to do with your project. How would you describe it to them in a minute or less?
- Some people say the community doesn't need an alcohol project. What's your response?
- Think of three people who might have a reason to oppose the project. How would you get them on board?
- Some people think you're a public health busybody. What's your response?

## Making the connections

When embarking on any community development project, one of the most daunting tasks can be getting the word out – making the connections between the project and the people who may benefit from taking part in it. Here are few suggestions to get things started, based on our experiences.

### Physical hubs

Although society can feel quite atomised – just a bunch of unconnected individuals – many neighbourhoods do still have recognisable physical hubs where people get together. Some people will gather at venues that are designated officially as social hubs, such as community centres; but they don't suit everyone. George Orwell once said that socialising in Britain “centres round things which even when they are communal are not official – the pub, the football match, the back garden, the fireside”.<sup>92</sup> Those are all places you might end up visiting during your project. The crucial point to remember these days is that no one hub will give you a representative slice of local life. The views you'll hear in one may be totally contradicted in another. Each is a “community of interest”, so you'll need to call in a few:

- Places of worship are not as popular as they once were but many are still well-attended. As well as their religious function, they are important social venues, and you may be surprised at the range of views amongst congregants
- Sports clubs may be big drinking venues but are also home to people who take their physical health and fitness very seriously. This is a paradox you may be able to exploit to get conversations going about alcohol
- Don't be afraid of the pub! Many landlords recognise their role in the community and are keen to carry it out responsibly. They may also be feeling commercial pressure from cheaper supermarket alcohol, and so realise that they need to improve their offer to moderate drinkers and non-drinkers.

- Although many of us get our entertainment at home these days, more traditional social clubs still attract plenty of people. Look out for luncheon clubs and youth clubs, hobby groups and cadets' associations, for example
- Business clubs and associations such as the Lions, Soroptimists or the Chamber of Commerce may well include people who make their living (at least in part) selling alcohol, alongside people concerned about the impact of alcohol on their town. Again, there's tension here in which an open-minded alcohol project worker can become an honest broker, making moderate drinking good for business
- Walk around and ask around. There may some unexpected social hubs. In 2016, journalist Chris Arnade wrote about how many low-income Americans were creating their own social networks “organically across the country, in McDonald's”, with activities ranging from prayer groups and bingo games to the Romeo Club – an acronym for Retired Old Men Eating Out.<sup>93</sup> Hamburger restaurants may not be the main draw in your area but there may be some other unofficial hubs you've not thought of.

### People who know people

Some of the community's physical hubs may not have wholly open access. For example, sports clubs may be for members only; or it may not feel appropriate simply to attend a place of worship out of the blue. This is where the community's other kind of hubs come in – its people. No one knows everyone but everyone knows someone, who in turn knows other people. Some people are obvious “community connectors”:

- Local politicians, such as town or county councillors are likely to have extensive contact lists
- Local media: even in the age of social media and global news networks, loads of people love their local paper
- The local police officer or PCSO will know many people around the town, including many of the most vulnerable residents
- Shopkeepers may see hundreds of people each day, and know many of them well.

But everybody will know somebody who may well be interested in your project. Often, it may be beneficial simply to pitch in and help with existing local activities, events and meetings that will give you opportunities to gently introduce your project. For example, in our Pembrokeshire work, we helped carried out a survey of all the shops in town, seeking shopkeepers' views on the state of trade – nothing to do with alcohol, but a great opportunity to walk to almost every corner of the patch, and to meet lots of social connectors.

Above all, you need to be part of the community – available, visible, and approachable. There is an echo here of Antoni Gramsci's concept of the "organic intellectual" – the thinker who is embedded in the community, not going off somewhere quiet for a think. For Gramsci, for big ideas to work, the person bringing those ideas to fruition must not be an interloper from the outside but be "in active participation in practical life, as [a] constructor [and an] organiser".<sup>94</sup>

### Thoughts into actions

- What are the physical hubs in your community: the buildings and spaces people meet and interact in? Your "capacity audit" of the community's assets should have highlighted some of these – see **What's strong, not what's wrong** on pages 21-23
- Who goes to each of them, and who doesn't?
- Are there any places you need to call into, in order to connect with people who might not otherwise join your project: any venues used by particular groups?
- Who are your project partners: the organisations and individuals who can help you get started?
- Are there organisations and/or individuals you'd like to work with but don't have connections with?
- Who could help you make those connections?

## What does community development for alcohol harm reduction look like?

*"The key point in relation to...the project is that it sought to and seems to have achieved, an appropriate mix of activities, some...focused mainly on achieving community benefit, building trust and developing momentum; others...had an explicit alcohol awareness theme in order to achieve an impact; while many consisted of community development projects with an alcohol twist which aimed to achieve both community benefit and alcohol awareness."*

Alain Thomas and Siobhan Hayward, 2016<sup>95</sup>

We've talked a lot so far about generic community development techniques. By this point you may well be asking just what makes a community alcohol project different from any other community project. Ideally, nothing at all. Good community development work will include alcohol work as a matter of course, since alcohol is part of all our communities. The form that alcohol work takes will vary, because communities vary. As Harold Holder noted, "communities [are] adaptive dynamic systems – complex arrangements with parts that interact and change over time, often in unexpected ways".<sup>96</sup> Whatever you've got planned, if you really want to let the community take control of a project, the results may surprise you. Our project outputs in Pembrokeshire have been diverse, to say the least:

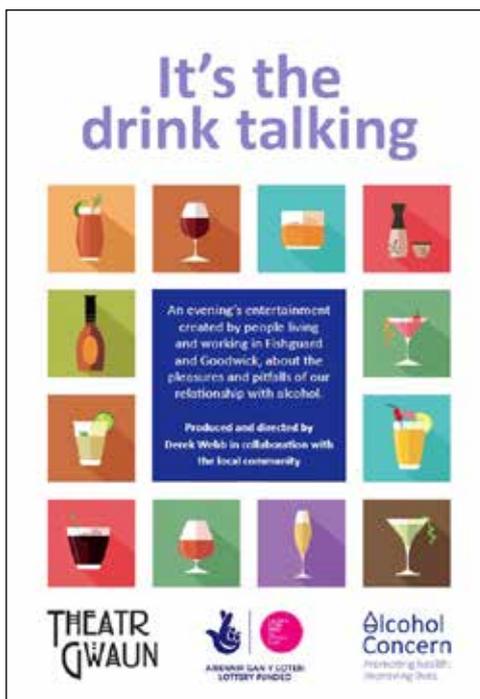
- Community consultation meetings on alcohol issues
- The Sound of the Youth alcohol-free music events, co-organised with local young people
- IT skills sharing sessions for older people, who were mentored by young people aged 11 to 16
- A working group to restore and/or replace outdoor play equipment in local parks

- A walking football tournament for all ages
- Persuading the local football club to take January off alcohol as part of our Dry January campaign
- A seminar with local sixth formers, exploring their ideas about the effects of alcohol use in their communities
- A series of tea dances at a local hotel and poetry evenings at a local café-bar
- Organising the turning on of the town's Christmas lights
- A "sketch crawl" in which people visited local pubs and other sites and venues to draw pictures of their impressions
- An evening of entertainment written and acted by local people about their drinking experiences.

These events can be divided broadly into four categories, with some falling into more than one category:

- Events that were **clearly focussed on alcohol issues**, such as the seminar with sixth formers and the Dry January challenge to the footballers

- Events that **promoted socialising without alcohol** or where alcohol was available but not a focus, such as the tea dances and the poetry evenings. At these events, **the medium was the message**. Whilst some events were advertised as being wholly "dry", generally there was no attempt to stop people drinking; alcohol simply wasn't a big part of the proceedings
- Work that **built community connections** and skills and generally improved quality of life, such as the IT sessions and the playground improvements
- Work that **established the place of our project in the community** – that showed we were "in active participation in practical life, as [a] constructor [and an] organiser".<sup>97</sup> An example of this was the Christmas lights switching-on, which was not related to alcohol harm reduction in any obvious way. By supporting this event and other similar ones, we made clear that we were there for the community, not simply in order to get the community around to our way of thinking and doing things. This helped to establish in participants' mind the belief that the project had integrity and that our project manager was "not just another wheeler-dealer", as one put it.<sup>98</sup>



*An evening's entertainment based on alcohol*



Of all the project outputs, perhaps the most obviously alcohol-themed, and also the most memorable piece of work was the stage-show *It's the drink talking*, performed in Fishguard in February 2016. This took the form of a series of sketches (some light and funny, some very serious) written and performed by local people with the support of an experienced theatrical director. The content reflected people's own drinking experiences and so was broad and varied. The one common theme to it all was observation but absence of judgement. The show included scenes with:

- A child being pressured by friends to try alcohol in the park
- Two teenagers discussing a violent father
- Sexual harassment at an office party
- A middle-aged couple getting drunk over dinner whilst roundly condemning youngsters' drinking habits
- Two Victorian gentlemen worrying about the new trend for foreign lager and emotional openness amongst men
- The local PCSO balancing a pint of beer on his head
- An interview with someone in recovery from alcohol dependency
- A compère character who held the show together, and often hinted, but never said, that his television career had been cut short by drinking.

The show itself was well attended and well received, and provoked lively discussions amongst the audience. Perhaps even more interesting is that we had been asked to follow up the show with a more traditional alcohol awareness day, but this was not well attended at all, suggesting that unorthodox formats like drama may provide a more attractive medium for discussing alcohol issues – possibly because they provide a space in which people can reflect on alcohol issues, and talk about them, without having to reveal anything about their own drinking habits.

In the section **What would success look like for you?** on pages 34-36, we'll be looking in more depth at how you can find out what issues your communities would like to address and how they'd like to go about doing that.

# Section 4: Measuring success

*There's not much point running a project if you can't say whether it's successful, how and why. In this section, we look at how you can get your outcomes and indicators right from the start – in order to demonstrate the success of your project, and understand which elements of it can be improved, replicated, developed or ditched. We also look at the crucial question of whether community development can actually reduce alcohol-related harm.*

## What made our project a success?

Two years into the Communities Together project, we asked the evaluators to find out for us from participants just what had drawn them into the project and what had made it worthwhile for them. The elements identified can be summarised as follows and may provide useful guidance for other community alcohol projects:

- Early engagement with the community, with careful preparatory work to allay reservations and worries
- An assets-based approach, starting with what people want to change and helping them achieve it under their own steam, rather than focussing on needs and deficiencies
- Strong and obvious organisational backing from Alcohol Concern centrally for a project around 100 miles from the charity's nearest office, making clear that this community was important to the charity and that the physical distance did not make the project peripheral to our thinking
- Alongside this was a willingness by the charity to deploy funding flexibly and quickly when needed. Small amounts of money spent on things like room hire and catering gave local people a base from which to achieve much greater things
- A good appointment to the core post of Project Manager. The attributes helpful to anyone undertaking such a role were felt to be:
  - Enthusiasm and the ability to enthuse others
  - Personal integrity and a lack of self-interest – being seen as an honest broker
  - An obvious desire to benefit the local community, rather than simply do a job and reach project targets
  - A familiarity with the local area, but a lack (if possible) of perceived allegiances to one group or another within the community
  - Neutrality, diplomacy, tact, and the ability to ensure that everyone can have a say (including those voices less often heard or often talked over).

- Being reliable – doing things thoroughly and on time. The importance of mundane tasks like writing up the notes of meetings and sending them round to participants promptly should not be underestimated.

It is interesting to note here the common theme in many of the terms people used to say what they liked about the Project Manager’s approach to the role: “integrity”, “neutrality”, “honest broker”, not “just another wheeler-dealer”, lack of “allegiances”. It was clear that there was a certain mistrust of initiatives felt to be driven by personal or organisational ambition rather than a desire for the welfare of the community. We had to work hard to address this, often by simply “coming alongside” community members to hear their stories, and by making clear that this was the community’s project, not ours.

## What would success look like for you?

*“Putting this [asset-based] approach into practice consistently is not easy; it involves giving up control over plans and outcomes.”*

Church Urban Fund, 2013<sup>99</sup>

Anyone who’s ever run a community project, or applied for funding for one, will be familiar with the problem of performance indicators. What meaningful criteria of success can we set and how will we know if we’ve reached them? We are often seeking to achieve important but intangible things like improved morale and community cohesion, but end up measuring less important things we can more easily count – like the number of events run and the number of attendees.

In Alcohol Concern’s community work, our approach has been to ask potential participants and beneficiaries the open question, “What would success look like for you?” Simply asking this question and being prepared to listen to the answers is transformative. It lets people know

that someone is paying them some real attention, and that their desires for their community might actually be realised. Plus, it focuses people’s ideas and promotes responsibility by getting everybody thinking about what they’re actually trying to do.

Since the range of things people may see as successful outcomes of the project is potentially huge, the presence of a neutral facilitator is vital during this consultation stage, to summarise ideas and identify common themes and overlaps. The consultation method we used was as follows:

- Once our Project Manager was in post and had established relationships with a number of individuals with different insights into the local community, we convened a workshop of those people, and asked them to help us identify key partners, priority groups, individuals and organisations who might influence the form and direction of the project.
- We then gathered as many as possible of that larger sample for a visioning workshop to engage them in determining the desired outcomes for the project.

Clearly, no sample of consultees is going to be wholly representative, and even if it were, the consultees would not be uniform or unanimous in their opinions. We sought to minimise the risk of coming to conclusions that did not accurately reflect local desires by making the consultation process as open as possible, with plenty of time for everyone to consider each others’ ideas dispassionately – see **Practical tips for including everyone** on pages 19-20. We summarised what we thought people were getting at, and presented it back to them and others until we reached a reasonable consensus.

The results of our consultation, in terms of what people thought was needed locally, were as follows:

- **Raising awareness:** Making sure people in Fishguard and Goodwick understand more about alcohol, and know where to go for advice on managing their drinking, as part of maintaining their health and wellbeing

- **Bringing people together:** Reducing loneliness and isolation, especially amongst older people, and giving people more opportunities to socialise, learn and work together
- **Helping parents act responsibly** about alcohol and their children.

Crucially, the public consultation that started the project identified not just needs but assets (see **What's strong, not what's wrong** on pages 21-23); and where it did identify alcohol issues, it also identified their social context. So, for the priorities noted above, potential actions and actors were also identified:

- **Raising awareness:** The idea of a locally-led research project on the history of drinking was proposed early on, but was eventually superseded by the stage show described above *It's the drink talking*

- **Bringing people together:** The local youth centre and an older people's social club were keen to see how they could support each other, and so both expand the scope of their activities
- **Helping parents act responsibly** about alcohol and their children: Local teenagers wanted to help their parents to understand more about what young people need to know about alcohol and how to talk to them about it.

Once the project priorities were determined, we made sure that the evaluation reflected these priorities and that it too was shaped by local people. Evaluation was part of the project from very early on, and was an iterative process in which we were learning and making changes to the project and the evaluation methods as we went along. The evaluators used mixed methods to ensure we got as complete a picture as possible, including tick-box questionnaires whose results could be easily quantified, open questionnaires allowing freer responses, and semi-structured interviews and focus groups.



*It's harm reduction, but not as we know it: getting down and grassy with intergeneration bowls*



We would argue that this approach of inviting participants/beneficiaries to determine (or at least guide) the project priorities is one of the best ways to ensure decent, long-term buy-in. However, it means that some priorities won't be set until the project is underway, and this can be difficult to sell to funders, who want to know before they hand over their cash what you'll be using it towards. If you have particular funders in mind, it's worth talking with them early on to see how amenable they are to having project outcomes locally determined. Even if they're sceptical or unsure, they may be open to some outcomes being left to participants to decide, along with some predetermined success measures. The most important point to emphasise is that handing some control of the project over to its beneficiaries is a way of increasing the project's chances of success and sustainability.

### Thoughts into actions

- What do you want your project to achieve? Think about all your aims and motivations
- How will you find out more about what potential project partners, participants and beneficiaries want to achieve? Think about all their aims and motivations too
- How will the project's priorities be set, and how much say will participants have in that?
- Do you foresee any potential clashes over priority setting?
- If so, how will you resolve that?
- In theory, what possible project outcomes would you like to be able to demonstrate?
- Practically, what possible project outcomes do you think you'll be able to measure?

## Perils and pitfalls – anticipating problems and avoiding them

We all like to start out with a nice positive mindset, but all projects will have their set-backs and slip-ups. As well as measuring success, you need to anticipate possible problems and plan to avoid them. Some project managers find it useful to keep a risk register or risk log, and you can find various examples and templates for this online. By completing and regularly updating your risk register, you'll be better able to make sure the project stays on-track.

The potential risks to your project will vary from area to area but can include:

- Lack of local interest in the project
- Outright opposition to the project
- Existing local tensions and divisions that show themselves in the project, including fallings-out between individuals and turf wars between organisations
- Unintended “mission creep”, meaning the project has strayed from its original remit. In community-led projects, this is inevitable and is not necessarily a problem; but you need to make sure:
  - The project has not been monopolised or redirected by particular organisations or individuals to their own ends
  - You are comfortable the project is still delivering its broad objectives, albeit in new ways
  - If you're overseeing the project on behalf of any organisation with a particular remit (be that statutory or charitable), that that remit is still being fulfilled by the project
  - Your funders are informed of any changes of direction and understand and accept them.

For advice on these issues, see **Getting the conversation going** on pages 27-28 and **What made our project a success** on pages 33-34.

## Thoughts into actions

- Summarise the potential risks to your project, what you can do to plan for them, and who can help you avoid them
- Think in particular about how you will generate and maintain interest in the project, and keep it focussed on its core objectives

## Does community development actually reduce alcohol-related harm?

And now we come to the crunch. “Well,” you may say, “that’s all very interesting but does it actually get anyone to drink less? Will it reduce pressure on my local A&E on Saturday nights, or free up some social workers’ time?” We can’t yet give a definitive answer to questions like that, but there are some things we can say with confidence.

At the most basic level – that of outputs – we know that the project was well-received locally, attracted a higher than expected number of participants, and generated a remarkable variety of activities. On a more profound level, we can point to some significant benefits in terms of alcohol awareness and possible resilience to alcohol-related harm.

For example, the stage-show *It’s the drink talking*, its planning and performance, brought clear benefits in terms of community development. It brought people together and helped them discover new skills. It gave people the confidence to appear on stage for the first time. It also brought benefits in terms of alcohol awareness, and these were recorded in questionnaires completed by the audience:

- 75% agreed that the performance had helped them understand more about the effects of alcohol
- 71% agreed it had helped them understand what “sensible drinking” is
- 69% agreed that it would make it easier for them to resist pressure to drink alcohol (e.g.

from friends), including a very high proportion of under 16s who said this

- 67% said it made them think differently about what type of people are likely to drink excessively
- 52% agreed that watching the performance had made them think about how much they drank themselves.

Our work with students at the local secondary school, Ysgol Bro Gwaun, was also quite obviously alcohol-themed, consisting of a seminar on alcohol issues and a chance for the students to produce their own awareness-raising materials. Overall, the students agreed that taking part had increased their awareness of the consequences of alcohol use. They were less convinced that the work had achieved the other stated objective of encouraging parents, teachers and children to talk together about what a healthy relationship with alcohol looks like. Other outcomes of the Ysgol Bro Gwaun work were less directly related to alcohol but can still very much be counted as successes:

- The students learnt new skills, such as how to present and evaluate their own work
- Links between the school and the community were strengthened
- The students were keen to be involved in more joint work with the local community, and their alcohol seminar was soon followed by another event looking at ageing and intergenerational relations.

Similarly, our Sound of the Youth initiatives, in which local young people organised and took part in a series of alcohol-free music events, produced a number of benefits that were not directly related to alcohol use:

- Young people learnt new skills
- They made a positive contribution to the community
- They produced something to be proud of
- The Sound of the Youth introduced them to new music
- The young people were presented in a positive way to the community.



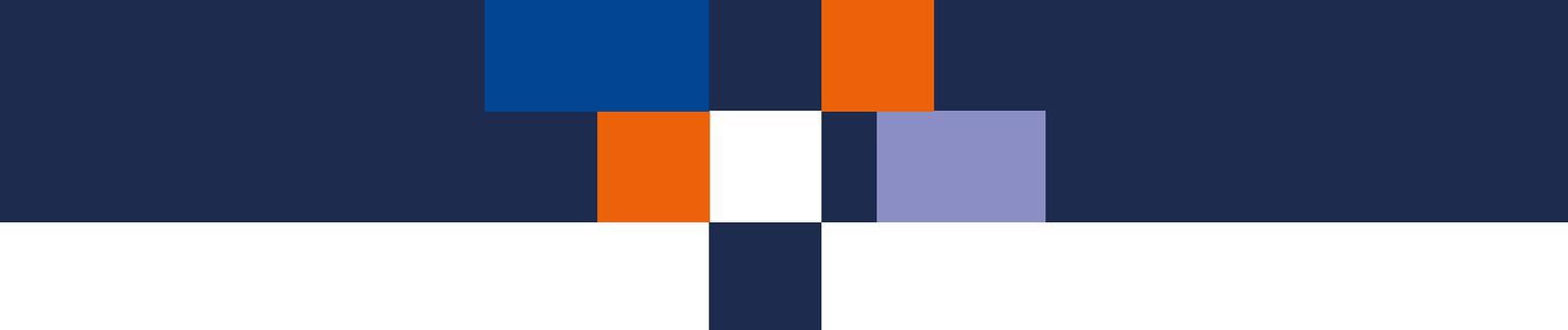
*A range of musical styles made up the Sound of the Youth*

In addition, the fact that these music events were, at the young people's request, alcohol-free was important in itself. The medium was the message – holding an alcohol-free event showed that drinking wasn't always necessary to have a good night out. A positive feel was given to this by training young people to produce and sell a range of alcohol-free cocktails ("mocktails"), rather than simply depriving attendees of alcohol.

Given all that we know about the role of resilience,<sup>100</sup> we can say with some confidence that our work to build self-confidence and reduce social isolation and fragmentation will contribute, in the long term, to a reduction in alcohol misuse and other problems; and will mean that when such problems arise, the community is better placed to manage them.<sup>101</sup> A review of seven community-led health improvement programmes in Scotland has come to a similar positive conclusion:

*"The evidence of long term changes in the health of these communities is not available yet. But these projects are all working on factors that influence health. Some are principally changing the lives of their volunteers, others of a wider community, though in every case there is an element of both. Direct impacts on health and the behaviours that affect health, and impacts on social and economic circumstances that determine health can all be found, along with convincing evidence of changes to personal confidence and wellbeing and increases in the social capital that allows communities to support people to live healthier lives."*

**Scottish Community Development Centre,  
2010<sup>102</sup>**



Perhaps most interestingly, our surveys of local people at the beginning and end of our project suggest that behavioural changes are already happening (or at least that there is a perception of change).<sup>103</sup> Amongst other things, the surveys found that:

- At the end of the project, 54% of people agreed or strongly agreed that there was very little drinking in public places locally, compared with 33% at the start – a 21% increase
- 55% agreed or strongly agreed that there was very little alcohol-related anti-social behaviour, compared with 32% at the start – a 23% increase
- 58% agreed or strongly agreed that there was a good range of alcohol-free opportunities to socialise in the local area, compared with 44% at the start – a 14% increase
- 75% of people said that they'd know where to seek help with an alcohol problem, compared with 65% at the start of the project.

The challenge now will be to maintain and build upon these changes – both the apparent changes in drinking behaviour, and the social changes that may underlie them. The following comments from the evaluators indicate the fragility of the short-term successes of any community project, and the uncertainty about how well they can be sustained and developed:

*“The project has...set up a positive feedback loop, or a virtuous spiral, which is potentially self-sustaining. The word ‘potentially’ must be stressed because anyone familiar with community development will know that such a positive feedback loop can easily be disrupted for example by external factors such as changes in the availability of support or resources for community action, disagreements between participants which can emerge at any time, or even just the fall-out from one unsuccessful event. It is therefore too soon to say whether the processes put into motion by the project will in fact prove to be sustainable.”*

**Alain Thomas and Siobhan Hayward, 2016<sup>104</sup>**

The ways in which success is sustained will vary from place to place, but we hope that in this handbook we've given you a clear idea about how to get started and how to maximise your chances of long-term benefits.

# Appendix 1: Thoughts in actions checklist

*Set out here is a summary of all the questions in this handbook that you might want to ask yourself about your project to maximise your chances of success.*

## The principles of engagement

- Thinking about your project, which rung of Arnstein's Ladder of Participation is it likely to sit on?
- Would it work better on a different rung?
- What would you need to do to get it there?
- Looking at the 10 Principles of Public Engagement in **Appendix 2**, how many of these do you think your project can realise?
- Are there any that you're missing that you particularly want to achieve?
- What could you do to achieve them?

## Making opportunities for inclusion

- Put yourself in potential participants' shoes. If someone had just told you about the project for the first time and wanted you to get involved in your own time, would you want to?
- What practical obstacles would you face?
- What else might put you off joining in, e.g. any other fears or worries?
- Try to look at your project objectively, and ask yourself whether it is likely to be seen as being for any particular types of people?
- Who is that, and why?
- Is there any type of person or group of people you'd be surprised to see taking part in your project?
- If so, why is that?
- People whose voices are less often heard are sometimes described as "hard to reach". Will your project have difficulty connecting with any particular groups of people?
- What makes it difficult, and what could make it easier?
- Where will your project be based and will people go there?
- Could it benefit from being based somewhere else, or at more than one site?

## What's strong, not what's wrong

- What are your community's assets, e.g. buildings and facilities, skills and experience, drive and enthusiasm?
- Everyone has something to give. Have you looked beyond obvious professional expertise and considered, for example, the things people do as hobbies, plus the difficult life experiences that may have given people a valuable story to share?
- Which of the community's assets could your project draw on? Be as imaginative as you dare
- Are there some assets that could particularly benefit from connecting with each other, e.g. two community groups with common aims; or an underused venue and a group in need of a space to meet? You might need help to bring the two together – see **Making the connections** on pages 29-30.

## What is your "community"?

- What is your geographical project area?
- Can you draw it on a map, recognising that any boundaries will be flexible and porous?
- How did you decide where to draw the boundaries?
- How many people live and/or work in the project area?
- Can you get data on patterns of age, work, ethnicity etc?
- Does the project area include any sub-communities, e.g. are any parts of town and/or groups of people seen as somehow different or separate from others? (This doesn't have to be a negative judgement, simply a recognition of diversity).
- Are there neighbouring communities that naturally feed into or draw on your community, and who may be interested in your project?

## Getting the conversation going

- Think of three people in your community who are nothing to do with your project. How would you describe it to them in a minute or less?
- Some people say the community doesn't need an alcohol project. What's your response?
- Think of three people who might have a reason to oppose the project. How would you get them on board?
- Some people think you're a public health busybody. What's your response?

## Making the connections

- What are the physical hubs in your community: the buildings and spaces people meet and interact in? Your "capacity audit" of the community's assets should have highlighted some of these – see **What's strong, not what's wrong** on pages 21-23
- Who goes to each of them, and who doesn't?
- Are there any places you need to call into, in order to connect with people who might not otherwise join your project: any venues used by particular groups?
- Who are your project partners: the organisations and individuals who can help you get started?
- Are there organisations and/or individuals you'd like to work with but don't have connections with?
- Who could help you make those connections?

## What would success look like for you?

- What do you want your project to achieve? Think about all your aims and motivations
- How will you find out more about what potential project partners, participants and beneficiaries want to achieve? Think about all their aims and motivations too
- How will the project's priorities be set, and how much say will participants have in that?
- Do you foresee any potential clashes over priority setting?
- If so, how will you resolve that?
- In theory, what possible project outcomes would you like to be able to demonstrate?
- Practically, what possible project outcomes do you think you'll be able to measure?

## Perils and pitfalls – anticipating problems and avoiding them

- Summarise the potential risks to your project, what you can do to plan for them, and who can help you avoid them
- Think in particular about how you will generate and maintain interest in the project, and keep it focussed on its core objectives

# Appendix 2: Principles of Public Engagement

*The following 10 Principles of Public Engagement<sup>105</sup> were developed by Participation Cymru with the Tenant Participation Advisory Service (TPAS Cymru). They were endorsed by the Welsh Government in 2011, and subsequently by 132 other organisations.<sup>106</sup>*

## 1. Engagement is effectively designed to make a difference:

Engagement gives a real chance to influence policy, service design and delivery from an early stage

## 2. Encourage and enable everyone affected to be involved, if they so choose:

The people affected by an issue or change are included in opportunities to engage as an individual or as part of a group or community, with their views both respected and valued

## 3. Engagement is planned and delivered in a timely and appropriate way:

The engagement process is clear, communicated to everyone in a way that's easy to understand within a reasonable timescale, and the most suitable method(s) for those involved is used

## 4. Work with relevant partner organisations:

Organisations should communicate with each other and work together wherever possible to ensure that people's time is used effectively and efficiently

## 5. The information provided will be jargon free, appropriate and understandable:

People are well placed to take part in the engagement process because they have easy access to relevant information that is tailored to meet their needs

**6. Make it easier for people to take part:**

People can engage easily because any barriers for different groups of people are identified and addressed

**7. Enable people to take part effectively:**

Engagement processes should try to develop the skills, knowledge and confidence of all participants

**8. Engagement is given the right resources and support to be effective:**

Appropriate training, guidance and support are provided to enable all participants to effectively engage, including both community participants and staff

**9. People are told the impact of their contribution:**

Timely feedback is given to all participants about the views they expressed and the decisions or actions taken as a result; methods and form of feedback should take account of participants' preferences

**10. Learn and share lessons to improve the process of engagement:**

People's experience of the process of engagement should be monitored and evaluated to measure its success in engaging people and the effectiveness of their participation; lessons should be shared and applied in future engagements.

# References

1. Alcohol Concern (2001) *Memorandum and articles of association of Alcohol Concern*, London, Alcohol Concern.
2. Alcohol Concern (2012) *Everyone's problem: the role of local alcohol services in tackling Wales' unhealthy relationship with alcohol*, Cardiff, Alcohol Concern.
3. For more information, see: <http://www.pire.org/staffmember.aspx?cid=252>
4. Holder H. (1998) *Alcohol and the community: a systems approach to prevention*, Cambridge, University of Cambridge Press.
5. Evaluation reports available from Alcohol Concern Cymru.
6. *ibid.*
7. Willets, D. (2016) *ARMY'S BOOZE WOES Over 6,400 British troops treated for alcohol abuse in the last four years and 170 developed mental health problems*, The Sun, 18 December 2016.
8. Dolan P. et al. (undated) *MINDSPACE: Influencing behaviour through public policy*, London, Cabinet Office.
9. Murphy, S. and Smith, C. (1993) *Crutches, confetti or useful tools? Professionals, views on and use of health education leaflets*, Health Education Research 8 (2), pp. 205-215. 10.1093/her/8.2.205
10. Black D. et al (1980) *Inequalities in health: report of a research working group*, London, HMSO.
11. Wanless d. Et al. (2003) *The review of health and social care in Wales: the report of the project team advised by Derek Wanless*, Cardiff, Welsh Assembly Government.
12. See for example: <http://www.bridgingthegap.scot.nhs.uk/understanding-health-inequalities/introducing-the-wider-determinants-of-health.aspx> [accessed 1 February 2017].
13. Iman Amrani (2016) *I stopped drinking alcohol and discovered Sunday brunch*, The Guardian, 7 October 2016.
14. *ibid.*
15. Mental Health Foundation (2006) *Cheers? Understanding the relationship between alcohol and mental health*, London, Mental Health Foundation.
16. Debrett's website (2017) *Drunkenness*, London, Debrett's Ltd., online, available at: <http://www.debretts.com/british-etiquette/british-behaviour/h/drunkenness> [accessed 1 February 2017].
17. *op. cit.* Iman Amrani (2016).
18. Alcohol Concern (2012) *Full to the brim? Outlet density and alcohol-related harm*, Cardiff, Alcohol Concern.
19. Home Office (2016) *Alcohol and late night refreshment licensing England and Wales 31 March 2016*, London, Home Office.
20. BBC Online (2011) *Supermarkets urged to keep alcohol separate*, online, available at: <http://www.bbc.co.uk/news/uk-12599471> [accessed 1 February 2017].

21. Alcohol Concern (2010) *Fuelling the problem? The sale of alcohol at petrol stations in Wales*, Cardiff, Alcohol Concern.
22. Lockhart Meyer Salon Marketing (undated) *How serving alcohol helps market your hair salon*, Alcester Lockhart Meyer online, available at: <http://www.lockhart-meyer.co.uk/how-serving-alcohol-helps-market-your-salon/> [accessed 1 February 2017].
23. See for example: <http://www.sofasandstuff.com/showrooms/> [accessed 1 February 2017].
24. Alcohol Concern (2016) *Cheap booze on our streets*, Cardiff, Alcohol Concern.
25. Alcohol Concern (2014) *Creating customers: finding new ways and places to sell alcohol, and new people to buy it*, Cardiff, Alcohol Concern.
26. op. cit. Lockhart Meyer Salon Marketing.
27. op. cit. Sofas and Stuff website.
28. Trickey, H. (2016) *Infant feeding: changing the conversation*, Perspective, Issue 33, December 2016.
29. Portman Group timeline, online, available at <http://www.portmangroup.org.uk/about> [accessed 1 February 2017].
30. See Department of Health website: <https://responsibilitydeal.dh.gov.uk/pledges/pledge/?pl=55> [accessed 1 February 2017].
31. Bailey, J. et al. (2011) *Achieving positive change in the drinking culture of Wales*, Bangor, Glyndwr University and Bangor University.
32. Alcohol Concern (2015) *Drink responsibly (but please keep drinking)*, Cardiff, Alcohol Concern.
33. The Lancet UK Policy Matter (2013) Midwifery led alcohol education, online, available at: <http://ukpolicymatters.thelancet.com/midwifery-led-alcohol-education/> [accessed 2 February 2017].
34. Bailey, J. et al. (2011).
35. Alexandra Genova, A. (2016) *You pillocks! Helen Mirren introduces America to a new term of abuse in new Budweiser Superbowl anti-drunk driving commercial*, The Daily Mail, 2 February 2016, video online, available at: <http://www.dailymail.co.uk/news/article-3428492/Helen-Mirren-slams-drink-drivers-utterly-useless-oxygen-wasting-cowards-new-Budweiser-Superbowl-commercial.html> [accessed 2 February 2017].
36. See McLaren Honda website: <http://www.mclaren.com/formula1/partners/Johnnie-Walker/glass-car-johnnie-walker-join-pact/> [accessed 2 February 2017].
37. Alcohol Concern (2014) *Creating customers: finding new ways and places to sell alcohol and new people to buy it*, Cardiff, Alcohol Concern.
38. See Drinkaware website: <https://www.drinkaware.co.uk/about-us/our-campaigns/underage-drinking/> [accessed 2 February 2017].
39. See Drinkaware website: <https://www.drinkaware.co.uk/about-us/our-campaigns/wouldnt-shouldnt-nottinghamshire-campaign/> [accessed 2 February 2017].
40. op. cit. Alexandra Genova, A. (2016).
41. op. cit. Bailey, J. et al. (2011).
42. Wine and Spirit Trade Association press release (2010), online, available at: <http://www.wsta.co.uk/press/469-drinkaware-host-industry-seminar-with-50-drinks-industry-companies> [accessed 1 February 2017].
43. op. cit. Bailey, J. et al. (2011).
44. op. cit. Wine and Spirit Trade Association press release (2010).
45. Health and Social Care Information Centre (2016) *Statistics on alcohol England, 2016*, Leeds, Health and Social Care Information Centre.
46. op cit. Holder H. (1998).
47. World Health Organisation (2015) *Management of substance abuse: country profiles 2014*, Geneva, WHO.
48. Portman Group history and mission, online, available at <http://www.portmangroup.org.uk/about/history-and-mission> [accessed 2 February 2017].
49. Portman Group press release (2015) online available at: <http://www.portmangroup.org.uk/media/in-the-news/news-details/2015/06/12/alcohol-marketing-regulation-report-2013-2014> [accessed 2 February 2017].
50. Alcohol Concern (2012) *Everyone's problem: the role of local alcohol services in tackling Wales' unhealthy relationship with alcohol*, Cardiff, Alcohol Concern.
51. *ibid.*
52. Royal Society for Public Health (2012) *Guide for world-class commissioners promoting health and well-being: reducing inequalities*, London, RSPH.
53. Arnade, C. (2016) *McDonald's: you can sneer, but it's the glue that holds communities together*, The Guardian, 8 June, 2016.
54. op cit. Holder H. (1998).
55. Seaman, P. et al. (2014) *Resilience for public health: supporting transformation in people and communities*, Glasgow, Glasgow Centre for Population Health.
56. Collins, K. and Manning, L. (2012) *Co-creating with communities to understand and help solve the problems that lead to alcohol harm*, Bristol, University of the West of England.
57. World Health Organisation (2008) *Closing the gap in a generation: health equity through action on the social determinants of health*, Geneva, WHO.
58. op cit. Holder H. (1998).
59. World Health organisation (1986) *Ottawa charter for health promotion*, Geneva, WHO.
60. op. cit. Royal Society for Public Health (2012).
61. See, for example: <http://lithgow-schmidt.dk/sherry-arnstein/ladder-of-citizen-participation.html> [accessed 2 February 2017].
62. op. cit.

63. Orwell, G. (1941) *The Lion and the Unicorn: Socialism and the English Genius*, London, Secker and Warburg.
64. O'Neill, B. (2015) *'I'm taking on the establishment and they hate me for it'*, interview with Nigel Farage MEP, Spiked Online, 9 March 2015.
65. Local Government Association (2013) *Changing behaviours in public health: to nudge or to shove?*, London, LGA.
66. Welsh Government (2015) *Prudent healthcare – setting out the prudent principles*, online, available at: <http://www.prudenthealthcare.org.uk/principles/> [accessed 2 February 2017].
67. Council for Wales Voluntary Youth Services (2000) *Opening both doors: an introduction to bilingual youth work*, Cardiff, CWVYS.
68. Equality and Human Rights Commission website: <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics> [accessed 2 February 2017].
69. Citizens Advice website: <https://www.citizensadvice.org.uk/discrimination/about-discrimination/equality-act-2010-discrimination-and-your-rights/> [accessed 2 February 2017].
70. Equality and Human Rights Commission website: <https://www.equalityhumanrights.com/en/equality-act/equality-act-faqs> [accessed 2 February 2017].
71. Welsh Government (2015) *Theme 3: welcoming families to engage with the school. Resources 1–9*, Cardiff, Welsh Government.
72. Religious Society of Friends (Quakers) in Britain (2016) *Advices and queries*, London, Quakers in Britain.
73. Church Urban Fund (2013) *Tackling poverty in England: an asset-based approach*, London, CUF.
74. Lorde (2013) *Pure heroine*, CD, Auckland, Universal Music New Zealand.
75. op. cit. Church Urban Fund (2013).
76. Kretzmann, J.P. and McKnight, J.L. (1997) *A guide to capacity inventories: mobilizing the skills of local residents*, Evanston, Illinois, Asset-Based Community Development Institute.
77. Asset-Based Community Development Institute website: <http://www.abcdinstitute.org/about/founders/> [accessed 2 February 2017].
78. op. cit. Church Urban Fund (2013).
79. Pope Francis (2013) *Evangelli gaudium*, Vatican City, Vatican Press.
80. Cabinet Office (2010) *Transcript of a speech by the Prime Minister on the Big Society, 19 July 2010*, London, Cabinet Office.
81. Miller, R. and Whitehead, C. (undated) *Inside out and upside down: community based approaches to social care prevention in a time of austerity*, Birmingham, University of Birmingham.
82. Building Communities Trust blog: <http://www.bct.wales/blog/2016/06/30/where-are-our-communities-boundaries-in-place-based-working/> [accessed 2 February 2017].
83. *ibid.*
84. Office of National Statistics website: <http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/administrative/england/electoral-wards-divisions/index.html> [accessed 2 February 2017].
85. The Goldilocks Principle was first coined to describe the distance from a star at which orbiting planets can support liquid water, since it is neither too hot nor too cold.
86. See for example: <http://www.aceplace.org/our-place-dusty-forge/> [accessed 2 February 2017].
87. See, for example: <https://thebristolcable.org/2016/02/a-peoples-history-of-st-pauls/> [accessed 2 February 2017].
88. Channel 4 You Tube channel :<https://www.youtube.com/watch?v=VB0EqEnadOc> [accessed 2 February 2017].
89. Fox, F. (1999) , *The racing tribe: watching the horsewatchers*, London, Metro Books.
90. Evaluation reports available from Alcohol Concern Cymru.
91. *ibid.*
92. op. cit. Orwell, G. (1941).
93. op. cit. Arnade, C. (2016).
94. Gramsci, A. (1971) *Selections from the prison notebooks*, New York, International Publishers.
95. Evaluation reports available from Alcohol Concern Cymru.
96. op. cit. Holder H. (1998).
97. op. cit. Gramsci, A. (1971).
98. Evaluation reports available from Alcohol Concern Cymru.
99. op. cit. Church Urban Fund (2013).
100. op. cit. Seaman, P. et al. (2014).
101. Australian Social Inclusion Board (2009) *Building inclusive and resilient communities*, Canberra, Australian Government.
102. Scottish Community Development Centre (2010) *Healthy Communities: meeting the shared challenge. Making it happen: case studies of community-led health improvement in action*, Glasgow, SCDC.
103. Evaluation reports available from Alcohol Concern Cymru.
104. *ibid.*
105. Participation Cymru website: <http://www.participationcymru.org.uk/national-principles> [accessed 2 February 2017].
106. Participation Cymru website: <http://www.participationcymru.org.uk/national-principles/who-has-endorsed-them> [accessed 2 February 2017].

Published by:  
Alcohol Concern  
8 Museum Place  
Cardiff  
CF10 3BG

Registered charity number: 291705  
Registered office: 27 Swinton St, London WC1X 9NW

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