Bristol Social Marketing Centre

Co-creating with communities to understand and help solve the problems that lead to alcohol harm

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October 2012

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Foreword

By Claire Procter, Social Marketing Manager, NHS Gloucestershire

In spring 2011, the Public Health Directorate at NHS Gloucestershire commissioned the Bristol Social Marketing Centre to work with them on a project aimed at reducing risky drinking in Gloucester, the district with the highest rate of alcohol related hospital admissions in the county.

The objectives were threefold:

1. To better understand the drivers of drinking at the individual and community level;

2. To develop our understanding of what works in reducing risky drinking; and

3. To involve the community throughout the project (using the principle of co-creation) to encourage local ownership and sustainability

The project focused on people living in the wards of Podsmead and Matson. The target audience was increasing and high-risk drinkers, with a particular focus on those aged 35-55 (the age group with the highest rate of alcohol related hospital admissions).

While the starting point was alcohol, there was an appreciation that any exploration of drinking behaviour would need to consider the other aspects of an individual's life which impact on health and wellbeing (such as access to employment and emotional wellbeing). Similarly the project team were mindful that meaningful collaboration with the community would require a more flexible project plan to allow residents to shape the project's direction and outcome.

This report prepared by the Bristol Social Marketing Centre provides an overview of the project process, research findings and evaluation and makes recommendations to inform future work in this area. It also reflects on some of the challenges involved both in co-creation and seeking to address specific health behaviours within the context of 'whole' community development.

Acknowledgements

Highlights: Understanding

Co-creating the research evolved naturally into an ethnographic style of data collection; between January and June 2012, researchers spent time with local people in community spaces, their homes and on the street across both communities.

Over 48,000 words of notes based on conversations with 23 males and 41 females in Matson, and 19 males and 39 females in Podsmead were collected.

The research questions for this phase were: Why do people drink, why do they feel they can't stop and how does this affect them and those around them?

It was found that there was good evidence to support our theory that drinking was often a consequence of other factors, though once people started drinking to excess, this exacerbated other issues.

Alcohol is readily available and cheap to buy. Even if it weren't, people would make cutbacks in other areas.

There's a feeling that 'outsiders' don't understand what it's like to live in Matson and Podsmead and so shouldn't think they know automatically what should change.

Seven broad themes emerged from our study, which were named family, trapped, worry, powerless, alone, ashamed and confused:

Family   Family can be a trigger (e.g. childhood experiences) and be part of the consequences of risky drinking. Family could also help spot problems early, help people cut down and cope with less alcohol.

Trapped   People feel trapped in many ways: by their responsibilities, because they can't move away, by their financial situation and by what's available locally.

Worry   People worry about the practical and the social consequences of seeking help: losing children to Social Services, losing friends or benefits and the humiliation of other people knowing their problems.

Powerless   People feel stuck in a rut, they may be suffering mental health or mood problems or simply be bored, de-motivated and feel they have no reason to get up in the morning.

Alone   People feel physically, emotionally and socially isolated: others are at work and they are stuck at home, no one else understands.

Ashamed   Men feel shame about admitting weakness and harming their masculine self-image, women feel ashamed about not fulfilling caring duties. Consequently, everyone hides their problems.

Confused   People feel confused by conflicting advice, what will happen if they ask for help and what's normal.

Highlights: Solutions

Co-design is a community centred methodology that designers use to enable people to participate in the design process. In partnership with agency Uscreates (www.uscreates.com) we ran co-design events in Matson and Podsmead.

A range of different ideas emerged from both communities. Solutions were founded on the insight (reinforced by the community co-creators) that reducing isolation and boredom and increasing wellbeing should result in less reliance on drinking.

Matson

In Matson, a vision of a Community Hub emerged that would host a range of services for all ages as well as being a venue for 'positive' (i.e. not stigmatising) reasons to visit.

For reasons of time and resources the Hub idea could not be developed in full, so it was decided to develop the Hub concept as a network of people.

Options for training, support and rewards were investigated with potential volunteers and stakeholders. Stakeholders were keen to collaborate and sustain the scheme long term; our involvement in developing the volunteer scheme in Matson ended with a detailed hand over to Hannah Williams of the Asset Based Community Development[1] (ABCD) team at Barnwood.

Podsmead

In Podsmead, we connected ideas from community co-creators with the feedback we had received in the research about the lack of services (particularly a GP and Pharmacist) and facilities like cafés and shops to create the idea of mobile engagement.

Stakeholders suggested the name Podsmobile and recommended that each day of the pilot should be themed so that people would know what to expect.

The design of the Podsmobile was inspired by two ideas from co-creators:

• Use a map of Podsmead landmarks, a way of making it feel like it belonged and was not shared with neighbouring communities.

• Co-design the vehicle as part of the pilot, hence the 'blackboard' style decals and chalk pens provided.

The Gloucestershire Youth Services vehicle became the Podsmobile for four days. We procured a gazebo and picnic tables for a daily street café as well as appropriate permissions and insurance.

The pilot included an engagement day, careers and money day, a young people and families day and a mental and physical health day. All equipment sourced for the pilot was donated to the Podsmead Community Association and the Athletics Club for use in future events in Podsmead. The Podsmobile branding and artwork was given to the Big Local team for use in future community engagement activity.

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[1] ABCD looks upon local assets as the foundation of community development. Building on the skills of local residents, the power of local associations and the supportive functions of local institutions, the method draws upon existing community strengths to build stronger, more sustainable communities. http://www.abcdinstitute.org

Highlights: Evaluation

The sample of 300 pre and 301 post interviews was selected by dividing the combined population of people aged 35-55 in Matson and Podsmead into sub-groups based on age (35-39, 40-44, 45-49 or 50-54 years) gender (male or female) and lower layer super output areas.

The survey was conducted face-to-face in November 2011 and again by the same method in August 2012.

Recollection and opinion of the work

Recollection of any new health or alcohol schemes was low (this isn't unexpected as we didn't actually launch such a scheme), as was recollection of an "alcohol research project" in the community.

However, recollection of the Podsmobile was high (36.8%) and the idea was very popular; 69.1% thought it was a very good idea and 86.1% thought it should go ahead, though some people felt that affordable, local public transport would be more empowering.

Community Strength and Wellbeing

There has been a significant increase in the numbers of people in Podsmead attending community events, volunteering and joining community organisations. In Matson, the percentages are not significantly different between 2011 and 2012.

It is very encouraging that the Podsmobile pilot appears to have engaged with 16 people (23.5% of the 68 surveyed there) who otherwise would not be taking an active part in community events.

Due to the emergence of a very prominent theme of wellbeing, the 7-item Short Warwick-Edinburgh Mental Wellbeing Scale was used in 2012. There was no significant difference in wellbeing between Matson and Podsmead in 2012.

Combining the communities, we found that the mean wellbeing score for younger people (35-39) year olds is significantly higher than for means for other groups.

Drinking and help-seeking

The distribution of Alcohol Use Disorder Identification Test (AUDIT) scores in Matson was not significantly different between 2011 and 2012, suggesting that claimed drinking has not changed.

However, in Podsmead the distribution of the ADUIT scores was significantly different in 2012, showing that drinking appears to have decreased. Caution should be applied here, the sample size is relatively small and it is possible that this is a 'false positive' result.

The majority of respondents were in the 'pre-contemplation' category of the Stages of Change model in relation to their drinking behaviour. However, the pre-contemplators mainly scored as low or medium risk on the AUDIT.

The GP and Alcoholics Anonymous were the most common places where people would seek help. Other responses included a couple of people who would approach the person concerned directly "it's up to the individual themselves" or would prefer to deal with their alcohol problems on their own. Independence Trust and GDAS were mentioned three times, as well as single mentions for other organisations.

Highlights: Recommendations

Listening to people is good; showing them that you have listened is better

Results suggest that people in Podsmead have responded well to evidence that their views have been heard and that service providers are prepared to act upon them.

So, people need to know (particularly in Matson where nothing tangible has happened so far) what is happening next.

Good data has been gathered and we suspect that people would feel as though their opinions haven't been treated with respect if others were to arrive armed with a list of similar questions.

Engaging people has raised expectations; this promise needs to be kept

There were a number of people in Matson keen to help develop the Hub idea; time has passed and they are wondering whether anything is going to happen.

We would suggest working with Fair Shares, the Community Health Trainers and Gloucester City Homes on the Matson Hub.

The emerging spirit in Podsmead is a great opportunity for anyone that would like to see positive changes there; the work that has been happening needs continued support.

Rather than tackling shame and stigma head on, show that 'outsiders' can be trusted

Particularly worrying for people was unwanted involvement of Social Services in family life, loss of benefits and personal information "getting out" if they sought help.

Shame and stigma are embedded socio-cultural phenomena and consequently it takes a great deal of time and investment to change the way that individuals feel.

Myths and misunderstandings can be tackled sympathetically, backed up by information (that isn't perceived as being unrealistic) about how services can help and what can be achieved.

Primarily, we found that people responded to the field researcher's respectful and empathetic approach and the way that this enabled relationships and trust to develop over time.

If people can feel better, then they can cope better

Our work seems to provide good evidence of the link between people's emotional wellbeing, social connectedness and the need to use alcohol as a "palliative" way of coping with stress and unhappiness. Finding ways to reduce isolation seems to be a vital first step.

Our learning is quite specific, what can be applied more widely?

This is one of the big challenges of any sort of asset based or collaborative working; the Asset Based Community Development project is well placed to assist with this methodology.

We can offer some specific suggestions to anyone wishing to embark upon a similar journey to ours: Begin by getting to know the community but acknowledge that it takes time to build trust.

Recognise the value of community 'gatekeepers' but remain receptive to local power relations and politics, which can be complex and difficult to uncover.

Once trust has been built it is very damaging to break it, so it is vital to seek a commitment from stakeholders that they will make long-term plans for the future of initiatives.

Using case studies and storyboards worked well for getting people to think of solutions. These worked as 'workshop materials' and more ad hoc activities.

By its nature, this type of collaborative working is continually evolving and plans will change regularly. We have found that a regular 'pause and prioritise' meeting offers an invaluable chance to reflect on what has been learnt and agree next steps.

Finally, we would recommend that one person should take on the role of 'engagement lead' (thought they can be supported by others as needed) with responsibility for building relationships with the community.

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1. Methodology

The two communities selected for this intervention were chosen by NHS Gloucestershire (NHSG) because of higher than average alcohol-related hospital admissions and alcohol-related crime and disorder (LAPE) and because the target wards contain high numbers of risky drinking households, according to a geo-demographic alcohol segmentation analysis undertaken by NHSG. The target wards also rank in the most deprived quintile nationally as assessed by the 2007 Indices of Multiple Deprivation.

At the start of the project, the team agreed upon a working hypothesis that providing information about safe drinking levels or attempting to educate people about the dangers of heavy drinking would probably be ineffective. Instead, it was supposed that many factors in the social, economic and physical environment influence drinking levels and that any intervention needs to acknowledge these issues. Consequently, we began the project with no prior assumptions about what we might discover or what solutions might be appropriate.

UWE proposed a Participatory Action Research methodology. This is founded in the research paradigm known as critical research, i.e. rather than describing situations as they are or seeking out general rules and principles, researchers following this tradition seek to improve human welfare using methods of reflection and action (Murray & Ozanne 1991).

Participatory Action Researchers prioritise learning with and for disenfranchised or marginalised people (in the case of this project, people from deprived areas who may lack social and economic power to change their circumstances). People participate in the inquiry at all stages, including design, data collection, analysis, application and dissemination of research findings (Ozanne & Saatcioglu, 2008; Fields et al., 2008).

1.1. Process
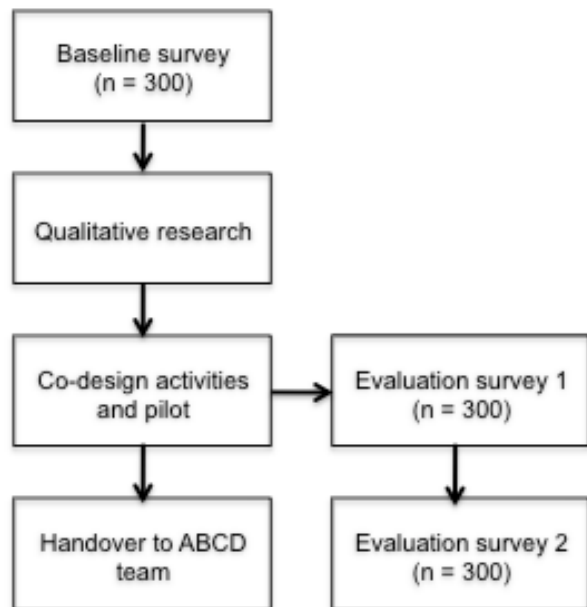
The project began in November 2011 with a survey to 300 people aged 35 – 55 in Matson and Podsmead. Next was the Qualitative Research, led by field researcher Lindsay starting with trying to understand the reasons why people in Matson and Podsmead might consume too much alcohol.

Following the analysis of qualitative data, various activities were undertaken to present the findings back to the communities and work with them to co-create solutions.

After a brief pilot of the most promising co-created ideas, the team handed over our insights and contacts to NHS Gloucestershire's Asset Based Community Development Lead, who are working with the Barnwood Trust to develop Matson and Podsmead as learning sites.

A second survey was conducted in August 2012, which will be repeated once again in August 2013.

1.2. Stakeholder workshop

To launch the project, a second workshop was held for stakeholders (the first had been held by NHSG, prior to our involvement in the project). 10 stakeholders from the police, council, community organisations and charities were able to attend.

"Stakeholders felt that improving self-esteem and self-competence and increasing engagement in the community needed to come before objectives related specifically to drinking."

Stakeholders were asked to identify and prioritise what they thought the goals of the project should be. Overwhelmingly, stakeholders felt that improving self-esteem and feelings of competence and increasing involvement and engagement in the community needed to come before objectives related specifically to drinking. Other important goals were: to motivate people to reduce the amount they're drinking; to give people tools that will help them reduce their drinking levels (at home or on the streets) and to encourage people to take more 'interest' in their health generally and to take action to improve things.

Stakeholders were asked how they thought people should be spoken to. They suggested an approach that was flexible in the times we were out an about to accommodate working people and that people should be spoken to informally, everyone, not just drinkers. To go to people where they are, to become involved in existing activities as much as possible rather than expecting people to join our agenda and finally to be aware that the environment in which the conversation takes place is important.

1.3. Exploratory engagement

The first piece of engagement was at the community fun day at Matson Rugby Club. This event was regarded as an opportunity to explore the community's reaction to the project, in particular whether they experienced a negative reaction to being asked about their drinking. We saw this first event as an opportunity to learn about Matson and start making contacts there, but primarily to help us to find an appropriate course between the need to prioritise outcomes related to alcohol on the one hand, and our whole community philosophy on the other.

We spent over 2 hours talking to people about the project, asking them about their community and their drinking. We found 11 people who were willing to give us their contact details and expressed an interest in finding out more.

We were surprised that people didn't seem to mind being asked about drinking, provided that specific details about consumption were not requested (open questions and vague categories like 'medium, heavy' were preferred). Conversely, speaking generally about the community made it difficult to turn the conversation around to alcohol. People wanted to talk about issues like youth services and healthy eating on a budget, and once they'd had an idea they were difficult to divert.

We spoke to several people who identified themselves as 'heavy drinkers' but didn't feel that this was a problem they needed to address. Several males appeared proud of their heavy drinking, and wanted to joke about it, pointing out the "alcoholics" in the group. One male did wish to reduce his drinking, but felt that this was something he needed to manage in private. Apart from this gentleman, there didn't seem to be much stigma attached to drinking, though the majority of the people we spoke thought of themselves as 'social drinkers'.

Many people had stories about others' problem drinking. Drinking at home was seen as a particular issue, and many people knew of others who they felt drank too much. There was a strong tendency to assume that we would be interested in youth and street drinking.

We got the sense that the community cared about their young people, and this could be a route to engage older people as well. Existing organisations like the Rugby Club and Redwell were well regarded, and word-of-mouth seems to be very important.

1.4. Co-creating the research methods

Further engagement took place at an Ideas Workshop held at the Redwell Centre in Matson, designed to explore a range of research methods with residents and use their knowledge of their community to identify the most effective way of approaching data collection. Despite the use of existing community networks and 'pamper' incentives to attract the women and mothers who frequently attend the centre, there was a poor turnout. However, there were some very valuable insights from the Centre Manager and youth workers who took part.

Co-creating the research design began via 'methods stations', which encouraged people to experiment with different ways of expressing themselves about risky drinking in context, such as visual methods, playing simple games and more traditional qualitative techniques like semi-structured interviews.

People were willing to verbalise their (personal and in some cases harrowing) stories with us in these informal situations. However it was found that literacy problems were common, with the result that many people felt anxious about engaging with any method that required them to read or write, particularly if doing so would expose spelling mistakes or misunderstandings publically.

Conversely, we discovered that once people had overcome their initial 'stage fright' at being asked to create something visual, they found the collage method enjoyable and thought this would work well for their community. This method had two advantages: it gave people something to do whilst they spoke thus avoiding direct eye contact and it inspired new directions in the conversation.

Many people were concerned that they would 'lose control' of their stories. Several asked who would be told about revelations made; there seemed to be a distrust of authority and outsiders and whilst this had been mitigated somewhat by spending so much time in the community, this 'trust capital' didn't extend beyond the researcher.

> "The traditional qualitative approach of depth interviews or focus groups was likely to unsuccessful in uncovering the range of issues because only the confident, literate people with nothing to 'hide' or no difficult stories would come forward"

For these reasons, we concluded that the traditional formative qualitative approach of depth interviews or focus groups was likely to unsuccessful in uncovering the range of issues in Matson and Podsmead because only the confident, literate people with nothing to 'hide' or no difficult stories would come forward. In some cases we found that the informality of the ad hoc discussions in public, familiar surroundings gave people a feeling of security that would disappear in the unfamiliar, private and formal setting of traditional health research.

1.5. Data Collection: An ethnographic approach

Ethnography is an observational method designed to get at the meanings underlying peoples' behaviours by focusing on everyday life as events unfold naturally. Its goal is to understand behaviour from the point of view of those who are being studied (Galanti, 1999). Ethnographic research produces 'situated knowledge' and captures the details of social life through detailed description and "slice of life" accounts (Taylor, 2002).

As described in the previous section, attempting to co-create the research methods with the communities of Matson and Podsmead evolved naturally into an ethnographic style of data

collection. Between January and June 2012, Lindsay spent time in multiple venues across both communities and collected field notes based on conversations with 23 males and 41 females in Matson and 19 males and 39 females in Podsmead.

2. Research findings

2.1. Research questions

- Why do people drink?
- Why do they feel they can't stop?
- How does this affect them and those around them?

Complex stories about why people started to drink were told; what keeps people drinking, why they might not ask for help and how it affects those around them.

This section summarises the key themes from our analysis of the field notes and presents four typical 'case studies' of the types of drinkers we encountered. Please note that whilst the case studies are based upon real stories some details have been changed so that individuals cannot be identified.

2.2. Qualitative themes

Family
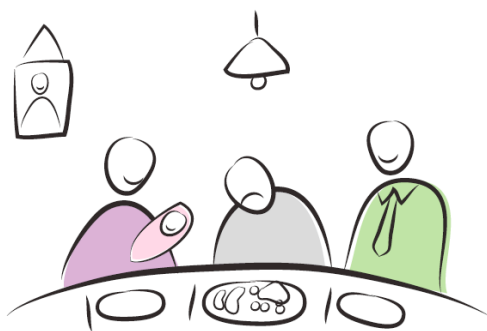
Can be a trigger: for example experiences in childhood or partner losing job can turn moderate drinking into risky.

Can be part of consequences: family has to pick up pieces with little formal support, drinking can lead to domestic violence (which leads to more drinking) and loss of family.

Can be helpful: harder to hide problems from family so they can catch them early, they can make it easier to cope without alcohol, not wanting children to copy can encourage change.

Trapped

By their responsibilities: to mind young children and to keep things going when times are tough.

Because they can't move away: can't escape anti-social behaviour or bullying, can't offend neighbours because they're stuck with them.

By peer pressure: on men to be "manly" and drink and women to do what their friends are doing.

By circumstances: struggling to get by on low income and cope with debt, unemployment and benefit problems.

By what's available: mums feel they have nowhere to go, men only have activities that revolve around drinking.

Worry

People worry about the practical consequences of seeking help: losing their children, benefits or home.

People worry about the social consequences of seeking help: that their friends will be hostile or they will be humiliated when people hear about their problem.

~~Apathy~~ Powerless
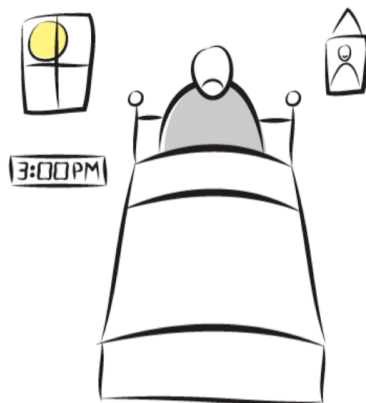
Community co-creators changed our word apathy to 'powerless'.

Nothing to do: if people are not working (unemployed or caring for children) they feel they have nothing productive to occupy themselves with.

Nothing to look forward to: people feel low, de-motivated and depressed. They get up late and start drinking at lunchtime.

No reason to bother: people don't see why they should change; they think there are bigger problems than health.

Alone
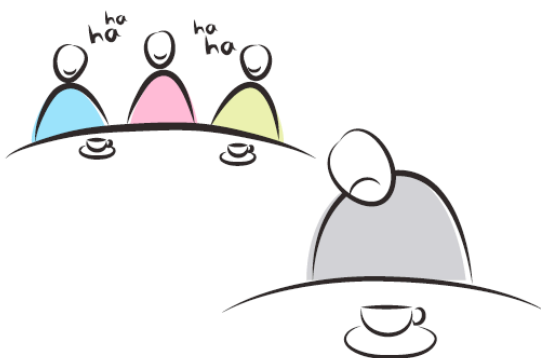
People feel physically isolated: their friends are at work; the traditional pub with games and caring landlord has gone.

People feel emotionally isolated: no one understands what they're going through; everyone else is coping OK.

People feel socially isolated: they have no one to turn to, they might have asked for help in the past and been let down.

Shame

Men feel ashamed about: admitting weakness, letting down their mates and family, losing face and not being able to hold their drink.

Women feel ashamed about: people thinking they aren't a good mum because they drink.

The consequences of shame are people want to hide their problems and are afraid to ask for help in case others find out.

Confused

People are confused about what to believe: how many units is healthy, how many units in a drink. The advice changes and the media try to shock.

People are confused about where to go: who they can trust and what will happen if they admit a problem and ask for support. Where is the best place to go for help?

People are confused about what's normal: many people see risky drinking as normal; family, friends and neighbours all do it.

2.3. Case Study 1: Young mum

Isolated and unhappy since she gave birth as she has can't go out with her group of friends anymore, so drinks to combat feelings of boredom and depression

Lauren is 21 years old and lives in a two-bed flat. She has a little girl who is 10 months old. She split up with her ex 6 weeks after her baby was born, because he couldn't cope with the stress, sleepless nights and changes that a baby brought to their home. He still sees his daughter every week and tries to help out financially occasionally, but he has moved out of Gloucester to find work.

Lauren had her first drink when she was 12, along with her mates. They always used to go out together as a group; they would have a few bottles of wine at each other's house before they headed into town, to get drunk on less money. They didn't cause much trouble, they had a laugh and were just doing what everyone their age did. Ever since she had the baby, Lauren has stopped going out regularly with these friends. She can't even go round to have a drink with them before they go out, like she used to do when she was pregnant, because she can't leave her daughter. In fact she can't go out at all in the evening, and stays in alone with nothing to do but watch TV.

Lauren has one brother and her mum also in Gloucester, but her brother works full time and has a wife and a kid so he can't help much. Her mum lives in Tuffley and has limited mobility so would love to come over more often to help with the baby but she finds it hard to get out and walk to the bus stop and can't afford the taxi fare. The only person Lauren has really talked to since her daughter was born is the Health Visitor, who keeps encouraging her to try to get out during the day to get to local toddler groups and meet other mums. But she doesn't know

anyone who goes to the toddler group, and is worried that it will be a bunch of older mums who will criticise her for being young and single. It is also at the other end of Matson and she feels more nervous going up there. Lauren feels let down by her friends, who seem to have dumped her since she had her baby. She used to feel like she had a lot of fun and friends, and that she had a lot to look forward to, but now feels like she will be trapped as a lonely mum for years, with no chance to get a proper job or get out to see her friends.

She knows some other mums where she lives and she sometimes gets invited to their flats, where they get all the kids playing together then spend the afternoon over a few bottles of wine. She knows this isn't a good thing to do but she likes being with them most of the time because she isn't lonely then, and she can't be there and refuse a drink because they'd think she was criticising their drinking.

> "She likes being with them most of the time because she isn't lonely, and she can't be there and refuse a drink because they would think she was criticising their drinking."

They are really critical and bitchy about other mums in the area, and she doesn't want them to find out what a bad mum she thinks she is, so any time she thinks she has done something stupid or wrong it turns into a big deal for her. She wants to get on with them because she knows they could really cause trouble for her if they wanted to.

Lauren does worry about the amount she is drinking and that she is a bad mum; she is frightened to ask for help or even tell the Health Visitor how much she is really drinking because she is worried they might take her daughter away. She sometimes resents her daughter and this makes her feel worse, especially in the evening when there is nothing else to do but sit alone and watch TV. So she started having a drink when she puts her daughter to bed and now she finds she is drinking for at least 4 hours a night. She picks up cheap deals with her weekly shopping, so she feels better that she is not going to the off-license every morning because someone would notice.
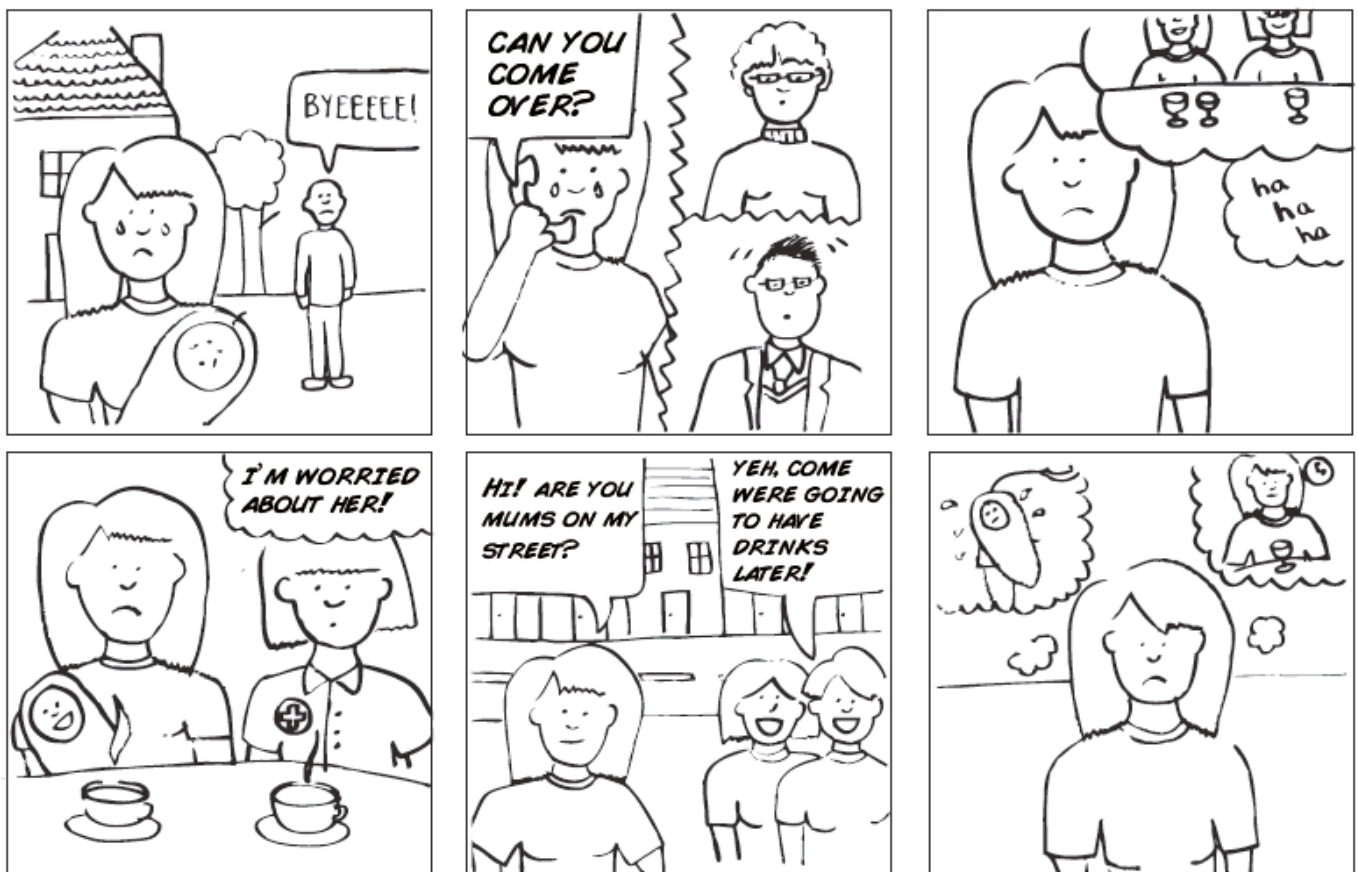
Figure 1: Lauren's story (used in co-design)

2.4. Case Study 2: Carer

A wife who is trying to live with and support someone who is drinking too much. They have difficulty in getting support for the person who needs help and also feel a lack of support themselves

Jane is 46 years old. She is married to Bill, and they have a son aged 17 and a daughter aged 13. Bill had an accident at work three years ago, and he has very little mobility in his left leg now. He had to give up work and although he was given a good settlement, nearly all that money has gone now and he is finding it hard to get another job. He can't move very far, can't sit for long and is often in pain.

As a result, Jane has had to increase the hours she works at a café in town, but money is really tight. Bill feels like he can't look after his family and that he is failing them, and is getting increasingly depressed. He used to have a few good friends that he went to play skittles at the pub with a couple of times a week, but now his leg prevents him from going so they have replaced him on their team. He doesn't really see anyone outside of the immediate family; instead he watches a lot of TV and gambles on the Internet.

Bill helps a bit with going to the shops around the corner, but can't manage any of the housework or gardening, so Jane and the children divide these between them. Jane is exhausted a lot of the time as she has to work nearly full time, and then comes home to manage the house as well.

She feels that Bill resents her for managing to juggle a job, the family and the home as well, but she doesn't do it to make him feel bad - she does it because if she didn't then it wouldn't get done. She would like a bit of gratitude and recognition of the hard work she puts in; she struggles to cope with Bill's depression, as he often gets angry and frustrated, and takes it out on her and the kids.

> "If something could be done about Bill's pain and mobility then he wouldn't feel the need to drink so much, but at the moment he needs help with his depression.

He usually just shouts, but has recently started throwing things and has smacked her across the face twice. She is also worried about Bill's drinking as this has steadily increased since his accident, partly to manage the pain and help him sleep but also partly because he is bored and depressed so he has a drink whenever he wants to forget the way his life has changed. She is now sure that he starts drinking at lunchtime as she is measuring the amount of empties.

She tries to restrict it by limiting the amount of money he has around the house, but the old man across the road is also a heavy drinker and has started coming over regularly to keep Bill company in the afternoons so he is also contributing to the problem. Their son is also drinking more of the alcohol lying round the house, and when she challenged him he said 'if it's alright for dad then it's alright for me'.

Jane feels certain that if something could be done about Bill's pain and mobility then he wouldn't feel the need to drink so much, but at the moment he needs help with his depression. She doesn't know of any services that could help her or offer advice, and she doesn't know anyone else who has gone through anything similar.

Certainly none of her friends or neighbours seem to have problems like this, and she doesn't want them to find out because it would be humiliating for her and her husband. She used to feel that they fitted in well and they were liked by the other people in the street, and she hates the idea of them talking about her family behind her back. She doesn't even want to tell the doctor because everyone she knows goes to that surgery and she's sure it will get out.

Although she has her family around her, she feels really alone and that she is trying to keep her family together on her own, and that it will reflect badly on her as a wife and a mother if she can't keep it up. She is also worried about the GP passing it on to social services who might interfere with her kids; she doesn't trust health professionals.

Figure 2: Jane's story (used in co-design)

2.5. Case Study 3: Younger man

He experiences social pressure to keep drinking and pressure to keep things fun and not to seek help. He feels he has the right to drink; he earns his money and can decide for himself how to spend it. If mistakes have been made while drunk, these are still framed as fun (e.g. injuries or crimes committed)

Alex is 34 years old. He has a big group of friends that he has grown up with in Matson, and they all go out together. They started drinking when they were about 12 or 13, the same time they started smoking. They go out Friday and Saturday night into town, and sometimes mid-week as well, although this is sometimes more local like the rugby club. Before he goes out Alex will drink a few shots or beers, depending on whether he plans on having a heavy night, because it will make the evening cheaper if he is already tanked up before he leaves. So he regularly stocks up at the supermarket when he does his shopping as the cheap deals are much better than the local shop. He works full time for a local construction company, and has a 2 bed house and his own car. He doesn't really get involved in the community as he usually goes outside Matson for entertainment and just looks on it as a cheap area to live. Drinking is part of Alex's identity – he thinks about himself as part of that group of friends, and drinking is what they do together: they keep in contact during the week via texts and Facebook and plan what they are going to do that weekend.

The alcohol just makes it possible for them to act the way they want to have a laugh and a good time, even if he had a bad day or week at work he can forget it and have a good weekend. He has no real stress or worries in his life, drinking is just for pleasure and he feels that it is his right to drink as much as he likes because he has earned it through hard graft during the week. He resents anyone telling him what he should do with his own money, especially when no-one else is involved. He is aware that his lifestyle is not very healthy, but he doesn't want to think about that now, no more than he wants to think about getting married or having kids – he can think about that later.

> "If someone gets hurt or something gets damaged then it's all just part of the fun, you make a joke out of it because you never know how the night is going to turn out."

He likes the feeling of being able to do what he likes when he's had a few drinks. A lot of the men in the pubs and clubs he goes to are in their 30s and 40s, and they all act a lot younger after a few drinks. He has been mistaken by girls for being in his mid-twenties a number of times when he's been clowning around, which he quite likes. If someone gets hurt or something gets damaged then it's all just part of the fun, you make a joke out of it the next day because you never know how the night is going to turn out. His sister did ask him to cut back after his mate broke his own foot one night, and she might have a point because Alex couldn't work if he was injured like that. But he wouldn't listen to her or anyone else really, because if he did then the rest of his mates would take the mickey – it would be ok if they all decided to cut back but if he just wanted to drink less on his own then he'd have to find a different group of mates. And he couldn't imagine dropping them, they'd definitely hassle him about it and say he thought he was better than them.

Alex doesn't think that he has a problem with drinking, or that it is risky – apart from if someone got seriously hurt which would be unlikely because they don't usually drink and drive. He thinks people who do have a problem with alcohol are old and often homeless street-drinkers, who buy cheap booze every morning from the off-license and start drinking before lunch.
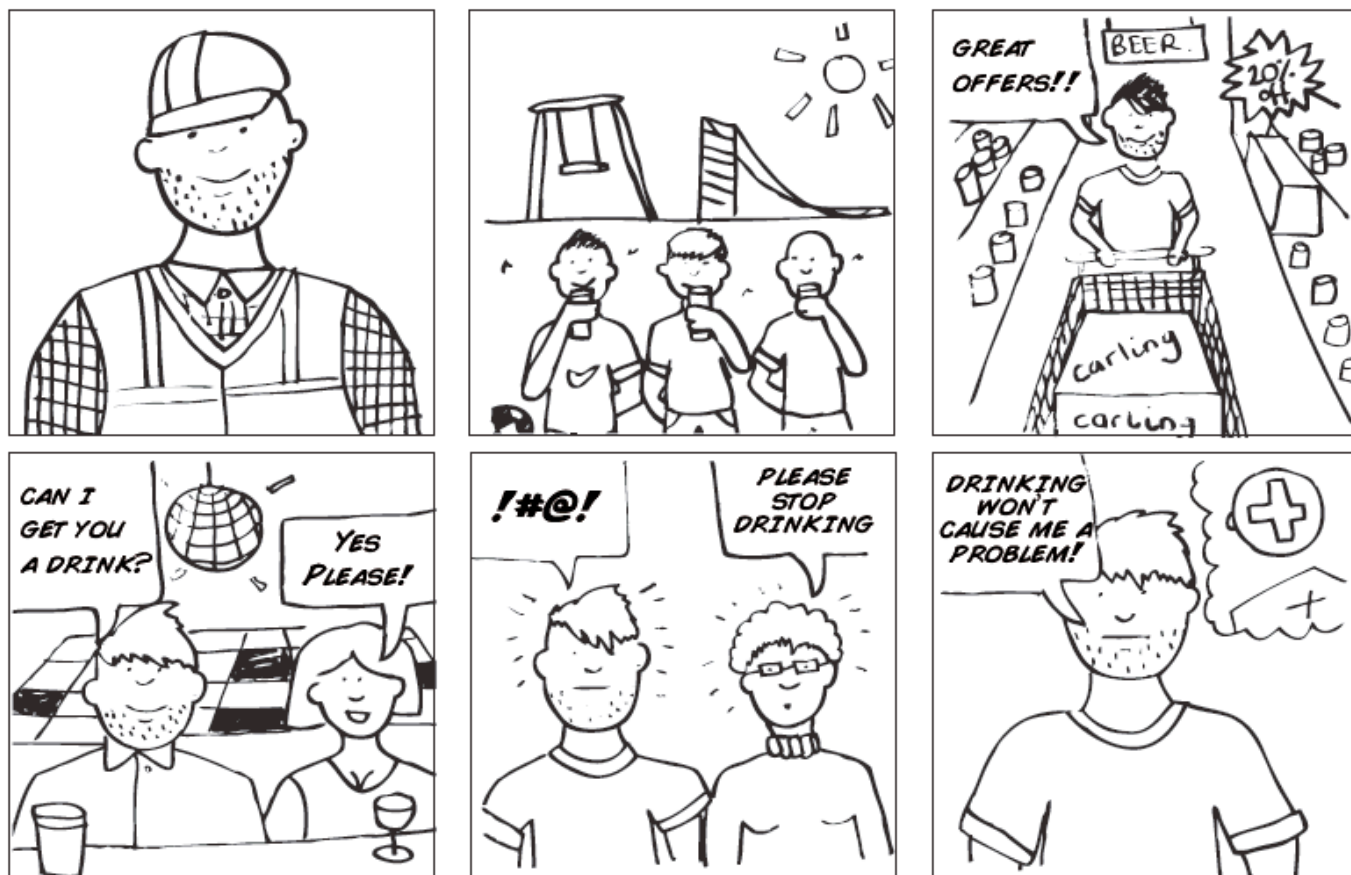

Figure 3: Alex's story (used in co-design)

2.6. Case Study 4: Older man

He has been drinking too much for a while and now lost things that are important, such as job, wife and children. He has reached the 'bottom' and it is now more acceptable to seek help

Michael is 56 years old. He used to live with his wife and two children in a 3-bed house, where he ran his own business as a cab driver. He grew up in Matson, with his brother and parents. His dad was a heavy drinker and used to regularly beat him and his brother from a young age. He was constantly nervous because he didn't know when his dad would strike out at him. He fell out with his dad when he was 17, and didn't speak to him again. His dad died 15 years ago from liver cancer. Michael started drinking at home when he was young – he used to steal some of his dad's booze. When he left home aged 17 he was already drinking every day, and he used it to help him relax and sleep at night.

He didn't used to see drinking as a problem. He would go out with his friends for a few pints two or three times a week, when they would play darts or skittles. He'd have a few glasses of whisky when he got home too. But then the pubs changed and stopped offering the games, so they just spent all their time drinking instead.   The work dried up as well, and he had more time on his hands so he started drinking in front of the TV in the afternoon. His wife moaned at him to get out the house, so he used to go to the pub instead, for some peace and quiet. The pub was the only place he could think of going - he didn't know of anywhere where men his age could go and do something other than drink. This extra time drinking meant that he couldn't take up the odd bit of work that did come through, because he'd had too much to drive. So his business gradually folded, and his wife kept blaming him because they couldn't afford the things that they used to be able to buy. He felt like a failure because he had built his business up, and so he went to the pub more often to get away from the house and everything that reminded him. He found that he was drinking there on his own more and more, especially after a couple of his close friends died.

> "He didn't feel able to go to the GP because it would be admitting to another weakness or failure on top of losing his business and putting his family in debt."

Michael didn't think he had a problem with alcohol, but he knew that he was depressed. But he didn't feel able to go to the GP or speak to his wife, because it would be admitting to another weakness or failure on top of losing his business and putting his family in debt. He knew that his friends would also tell him to keep it together for his family, and that he was no use to them if the doctor sent him away for treatment. He thought it was a private family matter and he didn't want any outside person interfering. It was up to her to tell him when she wasn't prepared to put up with it anymore, and then he could do something about it. But she didn't, she just decided to take the kids and leave.

This was four years ago - his wife then remarried and his children who are now 15 and 12 years old have taken on their new step-dad's surname. Michael had to move out, and now lives in a room in his friend's house. He doesn't sleep well and he doesn't get up until lunchtime because he doesn't need to go to work. He finds it difficult to get up because there's nothing pushing him to and he often feels depressed about the day ahead so then it's easier to skip breakfast and go straight into lunch and a beer. His friend is also a fairly heavy drinker, and they share the cost of rent and food between them and then spend the rest on alcohol. On a good day Michael feel like he wants to do something to cut down his drinking, because he knows how much he has lost as a result of it. But on a bad day he feels really low and worthless, because he has lost his business and family and his children don't even want to share his name anymore. On these days he feels like he wants to drink to forget.

When he does think about wanting to get help and cut down drinking, Michael doesn't know what he would do with his time. The men he knows are all drinkers, though some of them now encourage him to get help because they can see how much he has lost through drinking. He wouldn't think to get involved with any community activities because he thinks these are for women and children, not divorced middle-aged men. So the only places he can think to go to get him out of the house would all be places where he could drink, and all the people he now sees regularly have a drink in their hands.

Figure 4: Bill's story (used in co-design)

3. Co-creation in Matson

The Design Council defines co-design as a community centred methodology that designers use to enable people who will be served by a designed outcome to participate in devising solutions to their problems.

3.1. Co-design

In partnership with social change agency Uscreates, we ran a co-design workshop, held at the Baptist Church on Matson Avenue. Five residents attended for the whole workshop, two from local churches along with stakeholders from the Independence Trust, The Link, and Gloucester City Homes.

More than 40 ideas emerged from the workshop; some quite specific to a particular age and life-stage (e.g. extreme sports could help divert groups of young men from organising all their social activity around alcohol) but with general principles that apply to all (e.g. provide activities that don't revolve around drinking). Ideas were both preventative and geared to help people already struggling with their drinking.

To end the workshop, two groups were asked to visualise the idea that they felt was the most likely to make a difference. Independently, both groups created a 'Community Hub', located in the centre of Matson (to remove the territorial issues of people from one end of Matson feeling unwelcome at the other end).
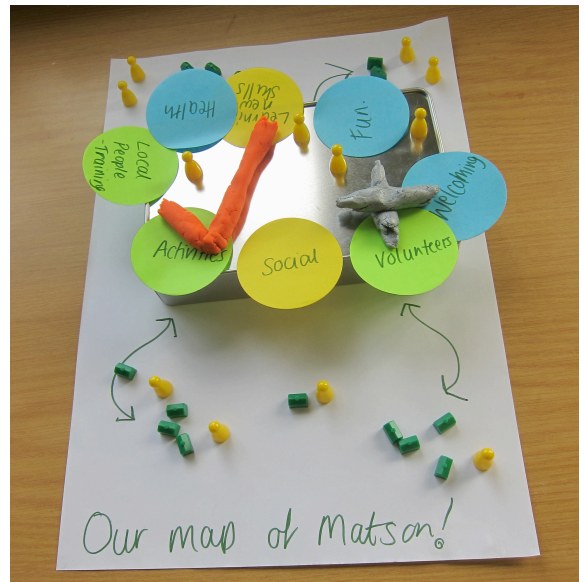
3.2. Matson Hub Concept

The Matson Hub would host a range of services for all ages as well as being a venue for 'positive' (i.e. not stigmatising) reasons to visit such as a café, evening social club and venue for short courses. Having somewhere 'positive' to go with activities for all ages as well as somewhere to socialise would reduce isolation (the community is felt to have no social spaces for adults at the moment, not even a café) and help mitigate the stigma associated with accessing help.

It was thought that this would reduce alcohol harm in several ways: by making services easier and less embarrassing to access and also by giving people reasons to leave their homes (where they drink because they are isolated, lonely and bored) by giving them things to do that do not revolve around drinking.

However, our experience and research to date in Matson suggested that if the Hub was simply created, without work to engage residents in the process of designing it, it risks becoming a great provision of many facilities and services that the community just doesn't use. A programme of engagement needs to happen that builds upon the work we have started, so that when and if a Hub is launched, people will use it.

Because the approach taken with this project is collaborative, it isn't possible to describe exactly how a Hub might develop; the people involved would shape this. However, our experience suggests that the Hub could develop in a number of ways, including: as a network of people working together, as an identity (whether this is loose and informal or whether, in time, it becomes a 'brand' with its own logo and visual look and feel). The ultimate vision for the Hub would be to bring together the network and identity into a physical location. Our volunteers felt that the building that currently houses the library would be an ideal site, located in neutral territory in the centre of Matson.

For reasons of time and resources the Hub idea could not be developed in full with this project. So, a decision was made to develop the Hub concept as a network of people working together to befriend and mentor, along with providing clear information and busting some of the myths that scare people away from accessing help. This vision came from the Matson volunteers, and was something that could be achieved within the budget and time available.

3.3. Volunteering Scheme
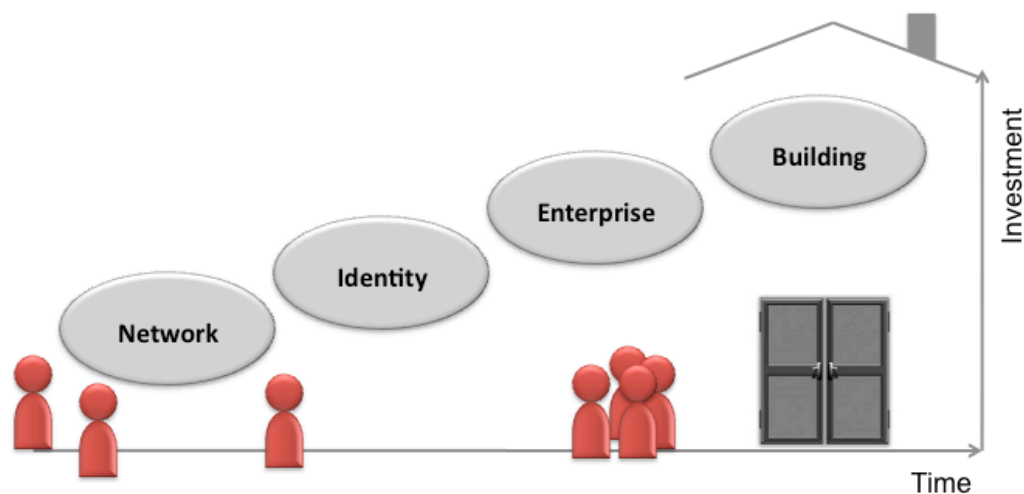
Figure 5: Matson Hub vision

Volunteers and stakeholders agreed that a first step of creating a 'network' of volunteers was a sensible way to begin. Several offers of support were made from stakeholders, including expertise on setting up, help with promoting the scheme and assistance in recruiting more volunteers. It was agreed that the scheme would be launched at the Community Health Day that was planned for 21st June 2012 (unless the organisers refused permission, in which case staff at the Children's Centre offered to launch our scheme at their community fete, also in June 2012).

Anne Catchpole from the Independence Trust shared her knowledge about creating a befriending and signposting volunteer scheme. Following her input, it seemed sensible set up the scheme with the principles of the Mentoring and Befriending Foundation in mind (they define the process as "a voluntary, mutually beneficial and purposeful relationship in which an individual gives time to support another to enable them to make changes in their life."), with the ultimate objective of qualifying for Approved Provider status. This would mean that our scheme would be based upon safe, effective practice with outcomes that can be monitored. It was felt also that this would make the scheme more attractive to potential volunteers and increase public confidence.

Other suggestions for good practice emerging from our background research into volunteering schemes included: the importance of developing a clear profile of the type of person who should apply, including personal qualities, experience and characteristics. Likewise a probationary period should be considered, along with a system of monitoring and steps to ensure adequate provision further training and ultimately processes to remove unsuitable people if relationships break down. Production of a volunteer handbook or something similar is advisable. Finally, a clear method for measuring outcomes should be in place before a scheme launches.

Training

We instigated some background research into suitable training options, for instance, the Independence Trust offer training in Identification and Brief Advice and Motivational Interviewing.

We also intended to find ways to link up the training programme with other local courses to help volunteers progress towards a qualification if possible. Staff from the Gloucestershire Gateway Trust, a local charity that works to enable sustainable regeneration in Matson, White City, Podsmead, Tuffley and Stonehouse, were supportive of the idea and felt that helping volunteers towards a recognised qualification would be beneficial to the individuals involved a strong incentive to take part.

> "Helping volunteers towards a recognised qualification would be beneficial to individuals and a strong incentive to take part."

One option under consideration was the Royal Society of Public Health's Level 2 award in understanding health improvement. We discovered that the Community Health Trainers at the Independence Trust were also qualified to deliver this training. Holders of this Level 2 qualification will gain the knowledge and understanding needed to help people in need of support and encouragement to make positive changes in their lives. The award covers: inequalities in health; how effective communication can support health messages; the importance of promoting improvements in health and wellbeing and the impact of behaviour change on health and wellbeing.

Finally, we began to compile a list of what services are available locally and how they can be accessed, with the intention of working with volunteers to co-create suitable materials to help them communicate with those in need of help. Volunteers had suggested leaflets, but also more innovative ways of breaking down barriers to services and dispelling myths such as a video created by the team showing people where they would go, who they would meet and what to expect from the service. This, they felt, could be shared on smart phones and Facebook.

Recruitment and Rewards

Finally, volunteers were asked about what incentives the scheme could include. As explained above, the training was thought to be a powerful incentive in itself, but volunteers also thought that themselves and others they knew would value 'points' or vouchers for short breaks and days out. One of the things that can make life difficult in this community is never being able to escape.

3.4. Sustainability: Fair Shares and ABCD

One of the most important goals of this project was to co-create something that would be sustainable. As such, several potential partners in the scheme were involved in discussions from the start.

It was learnt that the Community Health Trainers were also intending to set up a 'Community Health Champions' scheme with similar remit and objectives. It was also discovered that Gloucester City Homes ran a network of volunteers to assist their fellow residents with housing related issues. GCH were keen to collaborate, as were the Health Trainers. Similar schemes in other communities in Gloucester were the Health Inequalities Project and Fair Shares.

Fair Shares (www.fairshares.org) are a registered charity set up in Gloucestershire to pioneer Community Time Banks throughout the county. Time Banking is a community-based scheme that promotes two-way volunteering using time as its currency. Time Banks bring the community together and reward people for the help they provide to others in their neighbourhood.

For every hour of help given, volunteers receive one Fair Shares time credit. Credits are used to ask for help in turn. Volunteers can help with whatever skills or services they would like to share

with others. The Fair Shares team believes passionately that everyone has something to offer, and everyone's time is valued equally.

Fair Shares	Community Health Trainers
Are experienced in community engagement and ABCD approach; Volunteer recruitment and management ingrained into practice, and their local Time Brokers offer regular contact and supervision; A reward system via time-banked hours is in place Builds community engagement via the reciprocal exchange of skills and time Has at its heart a focus on mental health and the benefits of social and community engagement	Have ongoing processes to ensure provision of adequate insurance, safeguarding, dealing with confidential issues and reporting where necessary Have health expertise and access to regularly updated knowledge of services and sign-posting Experienced and trained to identify needs and refer to the right place for further help Access to ongoing training and development options

Figure 6: Strengths of Fair Shares and Community Health Trainers as partners in the Matson scheme

Our involvement in developing the volunteer scheme in Matson ended with a detailed hand over to Hannah Williams, NHSG Lead for Asset Based Community Development. We have been assured that our findings will be integrated with the Matson ABCD learning site and are happy to support this process beyond the scope of this project.

If we had be asked to continue developing the Matson Hub Network as a volunteering scheme, we would have chosen to work in a way that is more akin to the approach pioneered by Fair Shares. So, rather than taking a very direct "health messages" approach (we do not believe people would feel comfortable speaking to their friends and neighbours about their drinking), volunteers would be "befrienders" who would build relationships and trust over time, increasing social connections and wellbeing.

In itself, this process of reducing isolation and building self-esteem and social networks may well have had a positive impact on individual and community health in Matson in the longer term. If relationships between volunteers and their communities are strong, people may feel much more comfortable approaching volunteers for advice on how and where they can get help for alcohol problems.

We found the Community Health Trainers to be committed, experienced and knowledgeable and we would have wanted to partner with them in our scheme. We would have asked them to assist in training and mentoring volunteers as well as providing backup should a volunteer come across a situation where they felt someone needed urgent help that they were not equipped to deal with themselves.

4. Co-creation in Podsmead

Co-creation in Podsmead was undertaken with a similar philosophy and process to the Matson work. Part way through the process, the community was awarded a £1 million grant from the Big Local Lottery fund, and a £100,000 grant from the British Heart Foundation (BHF). Councillor Jennie Dailmore was a key collaborator in Podsmead and was vital in securing in both these grants for the community. Through Jennie's open and collaborative approach, we were welcomed into the team and contributed to the early stages of engaging the community in these projects.

4.1. Co-design

Because we knew that people would be very unlikely to attend a workshop, we attended two community events with social change agency Uscreates to try and engage people in mini co-design activities.

We spoke to 33 people about our research findings and what ideas they had to make things better. Like Matson, a variety of suggestions were made but many fell under the broad themes of combating isolation (giving people the opportunity to make friends, join groups, even just talk to someone for a few minutes) and breaking down barriers (between age groups and between people who feel trapped and isolated). Specific suggestions included befriending or mentoring schemes and a community bus.

Our experience with trying to engage people in Podsmead suggests that they don't take part in anything that requires them to leave their own territory (which may be as limiting as their home or street). They feel that they've been let down and forgotten, and trust needs to be rebuilt.

So, rather than expecting them to engage with an intervention on our terms, we connected ideas from the co-design with the feedback we had received in the research about the lack of services and facilities in Podsmead to create the idea of mobile engagement that would work hard to involve people street-by-street.

The advantage of this approach is that once established, the vehicle can be used to deliver any intervention, service or enterprise (such as fruit and vegetable delivery, a mobile GP, Internet café and careers advice, dental checks, youth services etc). In essence, we were proposing collaboration between local enterprise and service providers. At its most basic level, we were attempting to get people out of their houses and talking to one another, even just for a few minutes.

4.2. Mobile Engagement Concept

Podsmead stakeholders were keen to get involved with something that had momentum and energy. There was interest in volunteering each day to talk to people, serve tea and cake etc. Some would be happy to engage proactively, others would rather speak to people who approached the team.

People suggested that the mobile engagement be given a permanent name; and while Podsmobile was felt to be a bit 'cheesy' most people liked it. Stakeholders also really liked the idea of reusable images and branding that could be used for future engagement and Big Local events. To achieve this, the branding would have to be something identifiable as Podsmead and related to improving the community in general.

It was suggested that each day was given a theme so that people would know what to expect, and information about 'What's On' each day could be updated easily using a menu type blackboard, which would also fit with the daily street café that would form part of the engagement.

The final design of the Podsmobile was inspired by two ideas from stakeholders: the first was to use a map of Podsmead landmarks, a way of making it feel like it belonged to the community and was not shared with neighbouring communities. The other idea was to co-design the

vehicle as part of the pilot. We were slightly concerned (based on past experience) about the possibility of graffiti, so a blackboard format with some space for volunteers and stakeholders to decorate together was felt to be the most effective compromise.

4.3. Podsmobile Pilot

The Gloucestershire Youth Services vehicle became the Podsmobile for four days. We procured a gazebo and picnic tables, as well as a café style blackboard and a supply of chalk markers. Appropriate permissions were gained from the council to provide a street café, and supplies of beverages and snacks were arranged. Volunteer drivers (with the correct licences and training) were recruited and insurance organised via the Youth Services team. Each of the four days of the pilot was themed around a particular topic:

Date	Theme	Activities
Friday 10th Aug	Community Engagement	Big Local ideas and feedback British Heart Foundation project UnLtd (social enterprise start-up funding)
Saturday 11th Aug	Youth and Family	Toddler and youth groups Young Gloucestershire Positive Futures Friendship Café
Monday 13th Aug	Housing and Money	Housing Advice (GCH and GHA) GL Communities (debt advice) Benefits and advocacy (Gloucester County Council) Royal British Legion Tenancy, drugs and alcohol
Tuesday 15th Aug	Mental & Physical Health	Outreach District Nurse Health Trainers Local food programme Healthy eating samples and recipes Counselling Rethink Mental Health Podsmead Mini Olympics

Figure 7: Podsmobile schedule

Figure 8: Images from the Podsmobile engagement

All equipment was donated to the Podsmead Community Association and the Athletics Club for use in future events in Podsmead.

4.4. Big Local Consultation

The Big Local team used the Podsmobile as part of their consultation process with local people. They received 140 completed questionnaires, and found overwhelmingly that the people of Podsmead have identified a need for better health facilities and activities for young people. Further work will be needed to identify what this youth work will look like. This is supported by what people want the YPOD to be; with 30% suggesting the YPOD should be used for youth actives.

Thank you to Councillor Jennie Dailmore and Lorna Robinson at Gloucester City Council for sharing their findings with us.

5. Evaluation

Evaluation provides a powerful tool for assessing the impact of interventions, offers a useful means of informing future planning and allows us to understand more about what works, what does not work and why (Mistral et al, 2008).

The difficulty of evaluating health impacts from a community intervention has been highlighted (Kegler et al, 2000). In order to detect outcomes resulting directly from our project, a mixed methodology approach combining quantitative and qualitative data collection methods was considered, based primarily upon a quasi-experimental design of a pre/post survey and analysis of alcohol specific and alcohol related hospital admissions data. However, it proved to be impossible to access hospital admissions data to post-code level (which would be necessary in order to isolate Matson and Podsmead patients from other areas).

Consequently, the quantitative evaluation rests upon three waves of survey data: the first conducted in November 2011, before engagement with the community began. The second wave data was collected in August 2012, and the third wave will be collected in August 2013.

5.1. Study design and sampling

The sample of 300 pre and 301 post interviews was selected by dividing the target population into sub-groups based on age (35-39, 40-44, 45-49, 50-54 years) gender (male/female) and lower layer super output areas. Quotas for each sub-group were calculated for Podsmead, Matson & Robinswood based on the population numbers from the Office for National Statistics population estimates for Mid-2010. Respondents who claim to consume alcohol less than once per week were screened out of the sample.

The tendency for people to present themselves in a more favourable way in response to research questions (Gordon and Langmaid, 1988) can be a problem for researchers. Further, it has been found that self-reported alcohol consumption can be under reported by between 20-33% and risky drinking by up to 50% (Davis et al, 2010). To mitigate this, we:

- Assured respondents that the survey was completely anonymous and were encouraged to answer the questions truthfully.

- Asked respondents to self-complete sections of the survey which were deemed more sensitive and therefore more susceptible to socially desirable responding.

- Included a short version of the Marlowe Crowne (M-C) social desirability scale to detect and negate where individuals had been influenced by this bias.

The order or sequence of questions on structured questionnaires has been found to influence respondent bias Hair et al (2006), regardless of whether the survey is self-completion or interview administered. One method of eliminating order bias in such cases is to rotate the order or sequence of questions.

Accordingly, the order of questioning was rotated in sections including scale based questions or multiple answer options. For the self-completion section, two versions of the questions were produced (a) original version and (b) one reversed version and distributed to the two halves of the sample.

5.2. Do people recall any new schemes or events?

The first two questions in this area were developed before the co-creation had started, and were designed to identify whether residents had noticed any schemes or events that might have been co-created and launched within the communities. In fact, our project didn't develop in this way, and so it isn't surprising that residents haven't noticed any new schemes or events related specifically to alcohol:

Q: Can you remember any new health schemes or events for local people?
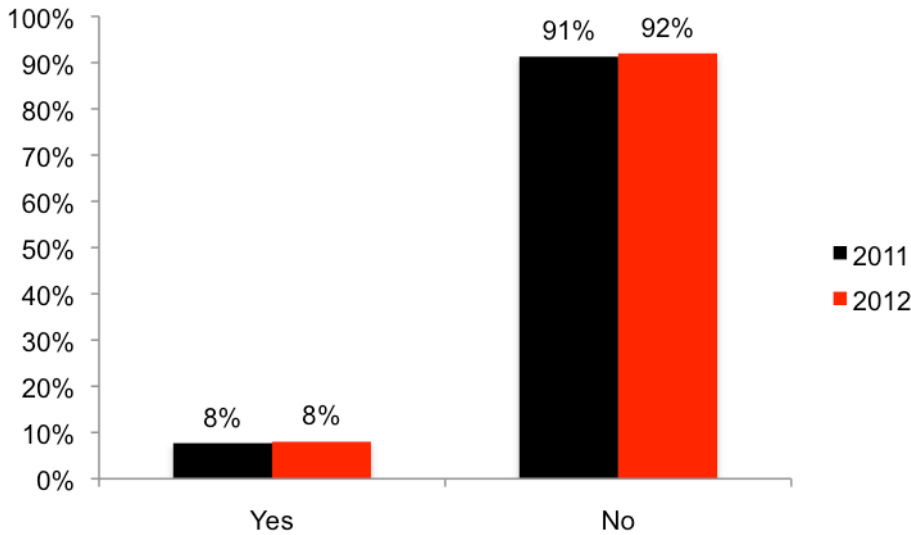
Figure 9: Recall of new health schemes or events

Q: Can you remember any new schemes or events for local people related to alcohol?
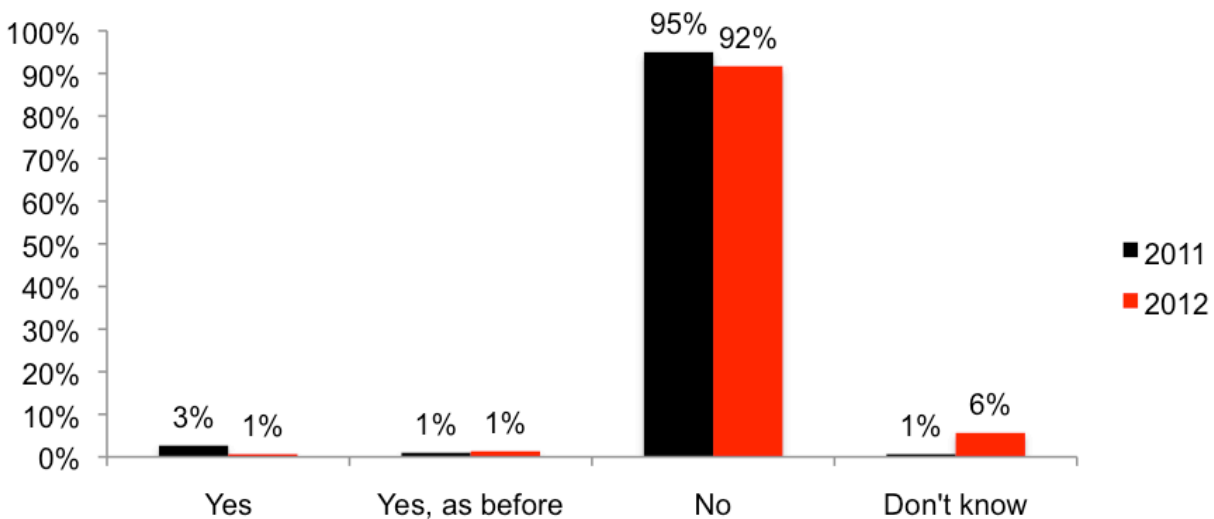
Figure 10: Recall of new alcohol schemes or events

In fact, recall of new schemes or events specifically related to alcohol has decreased between November 2011 and August 2012. Statistical analysis using Pearson's Chi Square test suggests that this decrease is statistically significant ($p=.003$).

Q: Are you aware of (and have you taken part in) a research project that's been happening locally?

Over 96% of local people did not know that a research project about drinking and health had been happening. Of the 301 people surveyed, 2 were aware of the project and 3 had taken part themselves.

Q: Are you aware of a scheme called Fair Shares?

This question was included for Matson residents only, because at the time the questionnaire was finalised we believed that Fair Shares were going to be commissioned to run the volunteering scheme that we had co-created with our potential volunteers. 14.6% of the 233 people surveyed in Matson had heard of the scheme.

5.3. Recollection and opinion of the Podsmobile

Q: Have you seen the Podsmobile?

25 (36.8%) of the 68 Podsmead residents surveyed in 2012 remembered seeing the Podsmobile. This is a very good level of recall for a 4-day pilot scheme.

Statistically, there was found to be a very weak correlation (using Pearson's test) with the 21 Podsmead residents (30.9%) who claimed to have attended a community event in 2012 (see also Figure 13).

Perhaps this is because the Podsmobile did not appear to fit the description of 'community event' in some people's minds, but it is very encouraging that the pilot appears to have engaged with 16 people (23.5% of the 68 surveyed) who otherwise would not be taking an active part in the community.

Have you seen the Podsmobile?	Have you attended a community event in the last 12 months?		
	Yes	No	Total
Yes	9	16	25
No	12	31	43
Total	21	47	68

Table 1: Podsmobile recall and community event cross-tabulation

Residents were asked: (as you may know) this is a new scheme that is in its trial stage. The idea is that this bus tours around Podsmead delivering services, facilities and things that are not otherwise available in the area. On a scale of 1 to 5 where 5 means a 'very good idea' and 1 means 'a very bad idea', what do you think of this as an idea?

Q: What do you think of the Podsmobile idea?
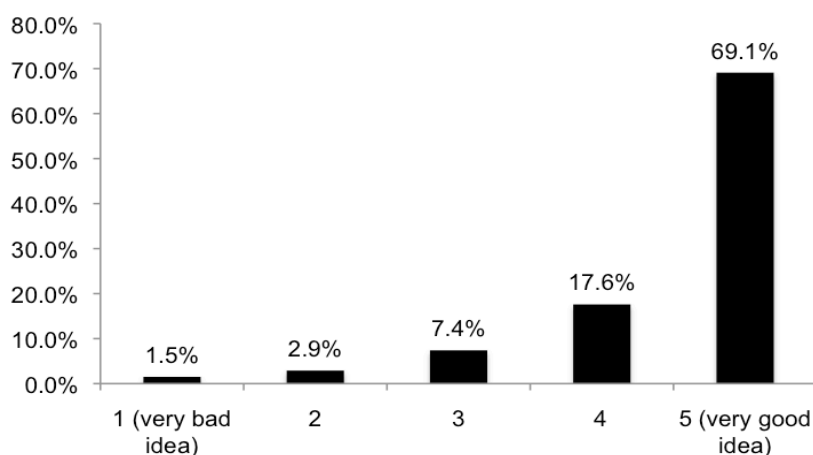
Figure 11: Opinion of the Podsmobile

Respondents in Podsmead were asked what they would like the Podsmobile to provide in future, should it continue. What else did they think would be helpful or useful? What other suggestions do they have for the scheme?

Additional topics to cover	Groups to cater for	Other comments
About road safety Information on fitness Advice/keep people motivated if looking for jobs Information on local things, services Anything to with health issues or anti social behaviour (e.g. dog poo) Forms and things elderly people have difficulty with (shopping, grass cutting, Internet, benefits) Awareness of crime - PSO activity and crime prevention Help with benefits and money management Support for giving up alcohol, info about drink and drugs	Something for families and kids Advice on what is available for old people. Help generally with all things as I'm Polish. NEETS. More awareness of activities for 14+ Something for teenagers and any related issues like alcohol, contraception More things for the disabled - more things going on that they could go to	Come around in the evenings and weekends so people at work can benefit Taking people to shops. Helping people with shopping. Taking them to the doctors. Anything for people who cannot do things on their own, can't get around Just general transport for people who can't get to the shops because of mobility problems

Figure 12: Suggestions for the Podsmobile

Q: Would you like to see the scheme go ahead?

86.8% of the 68 Podsmead residents surveyed would like to see the Podsmobile go ahead. 5 residents (7.4%) did not want to see the scheme go ahead, and 4 (5.9%) did not know or did not answer the question.

Interpretation of the Podsmobile Pilot

- We were pleased with the proportion of people who remembered the Podsmobile.

- There wasn't a significant overlap between people who remembered the Podsmobile and those who had attended a different community event, which suggests the Podsmobile reached people who would otherwise not have engaged.

- Very high percentages of those surveyed like the idea of Podsmobile and thought it should go ahead.

5.4. Community strength

In the stakeholder workshop engagement and participation in the community was considered an important step towards achieving the reduced drinking objectives. The literature also supports this; Pope (2006) suggests that associational and community networks developed through participation have been shown to benefit individual health and wellbeing and foster positive attitudes towards a community through feelings of belonging and community spirit.

Questions were selected from these scales to measure any changes in community strength in the intervention areas. This section was expanded somewhat for wave 2 of the survey, given the findings from the Action Research about the importance of community engagement and social connectivity. The expanded question set will be repeated in 2013.

Q: Have you attended a community event?
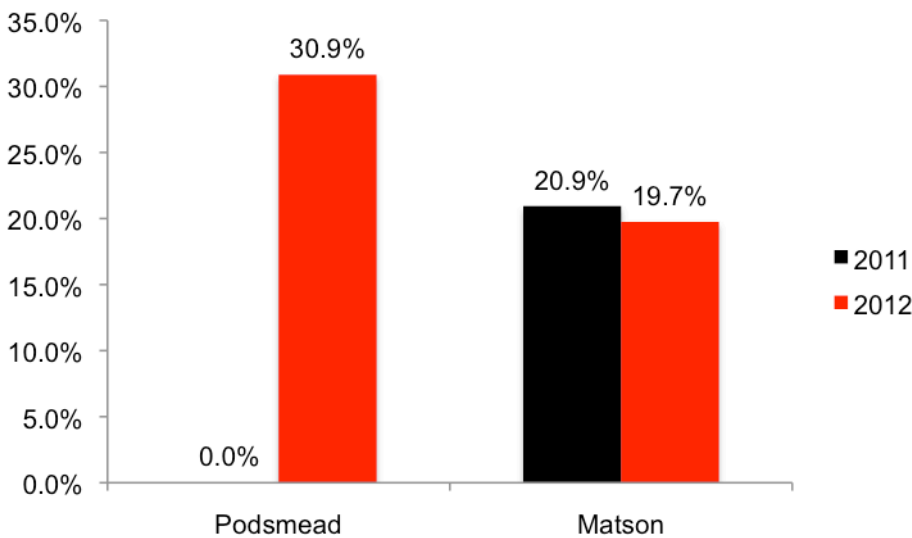
Figure 13: Have you attended a community event in the last 12 months?

The differences in Matson are not significant, but in Podsmead the difference is highly significant (Pearson's Chi Square test gives a p value of <.001).

Q: Have you been a member of an organised group in the community?
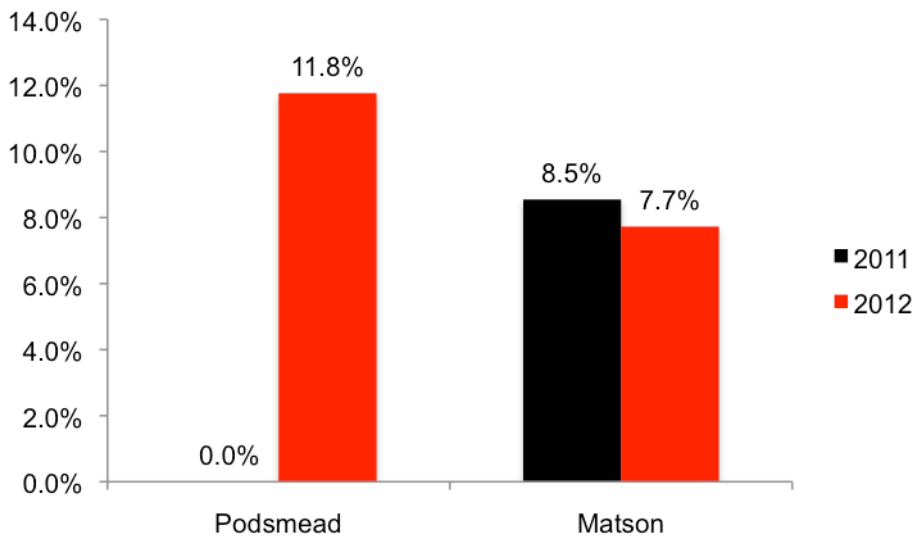
Figure 14: Have you been a member of an organised group in the community in the last 12 months?

Once again, the differences in Matson are not significant, but in Podsmead the difference is highly significant (Pearson's Chi Square test gives a p value of .004).

Q: Have you volunteered?
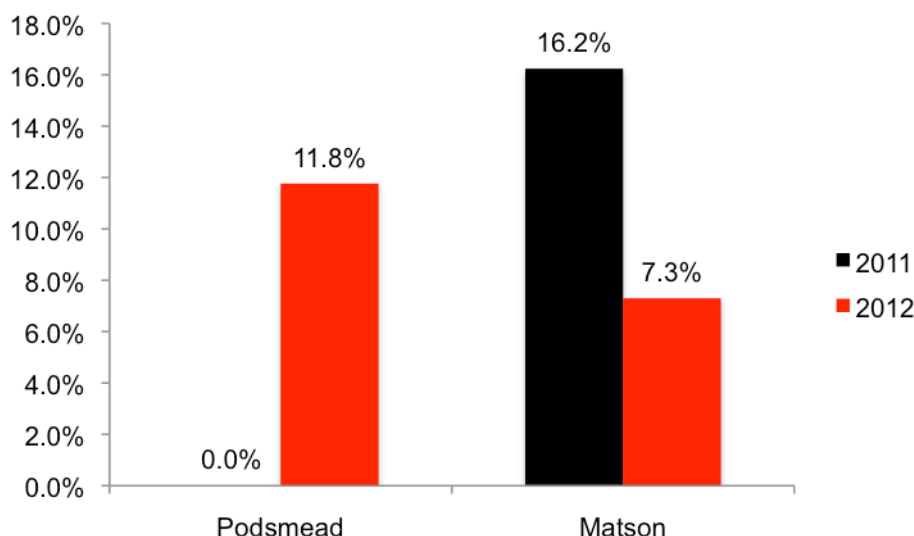
Figure 15: Have you volunteered in the last 12 months?

Unlike the previous two questions, the differences in Matson are statistically significant (Pearson's Chi Square test gives a p value of .01), in Podsmead the difference is highly significant (p = .004).

The differences between the three community strength measures described above are not statistically significant within Matson and Podsmead.

Members of organised community groups and volunteers in Podsmead were cross-tabulated to investigate whether the same individuals had been undertaking both activities in 2012 (perhaps volunteering *as part of* an organised community group).

Have you been a member of an organised community group in the last 12 months?	Have you volunteered in the last 12 months?		
	Yes	No	Total
Yes	3	5	8
No	5	55	60
Total	8	60	68

Table 2: volunteering and organised community group cross-tabulation in Podsmead (2012 only)

Pearson Chi Square test found that these differences were significant (p = .016), which suggests that the volunteering was separate to the reported membership of organised community groups.

Community				Community Strength Score				Total
				0	1	2	3	
Podsmead	Survey Wave	2012	Count	41	19	6	2	68
			%	60.3%	27.9%	8.8%	2.9%	100.0%
		2011	Count	66	0	0	0	66
			%	100.0%	.0%	.0%	.0%	100.0%
	Total		Count	107	19	6	2	134
			%	79.9%	14.2%	4.5%	1.5%	100.0%
Matson	Survey Wave	2012	Count	173	45	9	6	233
			%	74.2%	19.3%	3.9%	2.6%	100.0%
		2011	Count	162	46	17	9	234
			%	69.2%	19.7%	7.3%	3.8%	100.0%
	Total		Count	335	91	26	15	467
			%	71.7%	19.5%	5.6%	3.2%	100.0%

Table 3: Community Strength Scores

A simple cumulative scoring system was used for community strength and a non-parametric Mann-Whitney test found that the distribution of community strength scores across Matson in 2012 was not significantly different from in 2011, but in Podsmead the difference was highly significant ($p = <.001$).

The next set of questions about community strength were introduced for the 2012 survey only:

Q: Support given and received
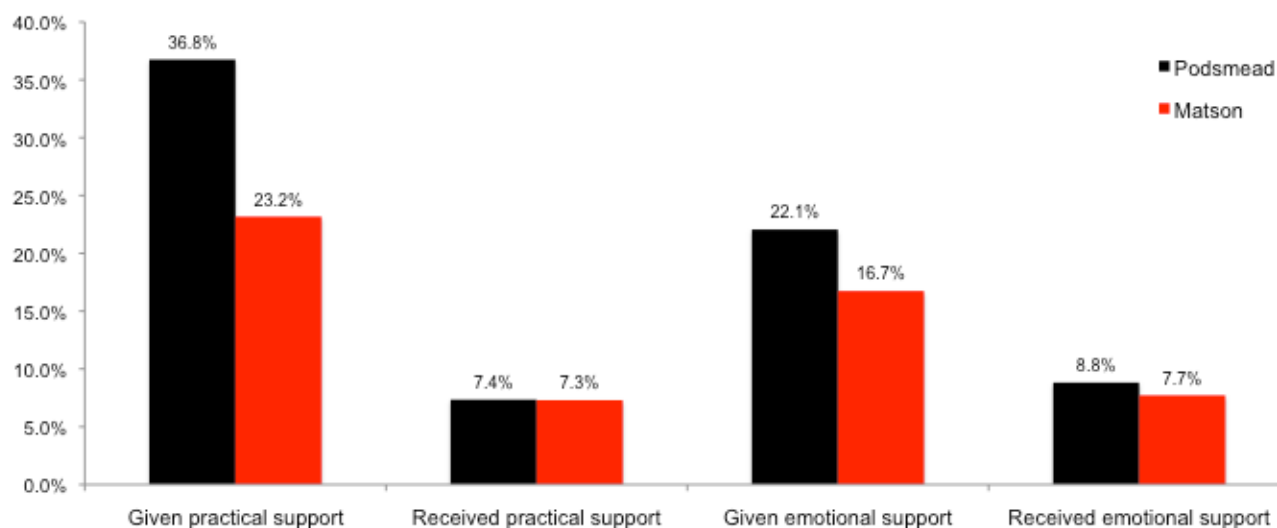
Figure 16: Emotional and practical support, given and received (2012 only)

The differences between Matson and Podsmead are not statistically significant, except for the difference between the levels of people claiming to have given emotional support (Pearson's Chi Square test gives a p value of .002).

This looks strange on the graph, because visually the difference in levels of practical support given appears to be greater. This is because the percentages here are closer to 50%; consequently, in statistical terms the difference need to be proportionally larger in order to be significant.

Q: I feel as though I belong to a community

| | | 95% Confidence Interval of the Difference | |
Sample	Mean	Lower	Upper
Podsmead	3.18	2.90	3.45
Matson	3.29	3.16	3.43

Table 4: I feel like I belong to a community (2012 only)

This question is scored using the same method as the Warwick-Edinburgh Mental Wellbeing Scale, which was developed to measure population means. This question has a minimum score of 1 and a maximum of 5.

Means for Matson and Podsmead appear very similar; but the responses were not normally distributed. So, a non-parametric Mann-Whitney test was performed, which confirmed that the differences are not statistically significant.

Interpretation of Community Strength

- In Matson, the numbers of people attending community events and joining community organisations has not changed, but in Podsmead the numbers have increased significantly.

- The numbers of people volunteering has decreased significantly in Matson, whereas in Podsmead they have increased significantly.

- Results showed that it isn't just the same small core group of people in Podsmead attending events, volunteering and joining organisations.

- Adding up the original three measures of strength into a score confirmed that while there was no difference in Matson, community strength has gone up in Podsmead.

- It is likely that the wonderful news of the £1 million Big Local and £100,000 BHF funding has contributed to this building sense of engagement in Podsmead.

- Using the expanded community strength measures, it can be seen that people in Podsmead tend to give more support, though only the emotional support measure was significant.

- There was no difference between Matson and Podsmead in the average rating that people gave for the extent they felt that they are part of a community.

5.5. Wellbeing

Wave 1 of the survey included questions from the Healthy Foundations lifestyle segmentation tool designed to provide an understanding of people's motivations to adopt healthy behaviours. The scope of these questions was broad, including self-esteem, risk taking, control over health, value of health and intention to lead a healthy lifestyle, see (Collins, Manning, Leonard, & Warren, 2011).

However, due to the emergence of a very prominent theme of "wellbeing" in the Action Research, the 7-item Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS, Tennant, et al., 2007) was used in 2012 to measure this in Matson and Podsmead. None of the differences in means between groups are statistically significant:

| | | 95% Confidence Interval of the Difference | |
Sample	Mean	Lower	Upper
Overall	24.777	24.15	25.40
Podsmead	24.191	22.69	25.69
Matson	24.948	24.27	25.63
Male	25.218	24.32	26.12
Female	24.327	23.45	25.21
35-39	25.576	24.62	26.53
40-44	24.208	22.44	25.97
45-49	24.178	22.38	25.97
50-55	24.563	23.51	25.61

Table 5 Mean Wellbeing Scores (2012 only)

Levels of wellbeing appear very consistent across different sub-groups in the population; but the responses were not normally distributed. So, a non-parametric Mann-Whitney test was performed, which confirmed that the differences in Matson and Podsmead are not statistically significant.

A Kruskal-Wallis test (one way ANOVA) confirmed that the distribution of means across male and female respondents is also not significant, but that the distribution across age groups was significantly different (p = 0.016). The mean wellbeing score for 35-39 year olds is higher than for the other groups.

Interpretation of Wellbeing

- There is not a significant difference in average wellbeing between Matson and Podsmead, nor is there a difference between the average wellbeing of males and females.

- However, people aged 35-39 appeared to have statistically significantly higher levels of wellbeing than the older age groups.

Population means for the 7-item scale do not yet appear to have been published. So, purely to provide some context to the wellbeing scores in Matson and Podsmead, a somewhat dubious assumption might be made that doubling the means from the 7-item scale could provide a rough comparison to the 14-item Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) scale scores (because they work on the same scoring system).

Please note that the following information has been provided for interest only, and is not to be considered a valid scientific or statistical comparison. Note also that methodological differences between the two studies preclude robust comparison.

According to the WEMWBS mean scores across demographic groups (population sample combined HEPS Wave 12 and Well? 2006 datasets, n= 1,749, (Stewart-Brown & Janmohamed, 2008):

	WEMWBS data (2006)	Our data x 2
Overall	50.7 (50.3 - 51.1)	49.5 (48.3 – 50.8)
Male	51.3 (50.6 - 51.9)	50.4 (48.6 – 52.2)
Female	50.3 (49.7 - 50.8)	48.6 (49.6 – 50.4)
C2	51.0 (49.8 - 52.2)	-
D	49.5 (47.7 - 51.3)	-
E	46.8 (45.0 - 48.7)	-

It is interesting to note that our mean wellbeing scores from Matson and Podsmead are most similar to the socio-economic group D from the 2006 study, but once again none of the differences are statistically significant.

5.6. *Drinking behaviour*

This was an important part of the survey and was intended to evaluate potential changes relating to alcohol behaviours. At the outset of the project, we could not predict what sort of intervention might be co-created by the communities, so we included questions designed to capture a number of potential outcomes, including purchase and consumption behaviour, awareness of current recommendations and where to seek help; the propensity to change drinking behaviour based on Prochaska and DiClemente's (1983) Transtheoretical Model and the Alcohol Use Disorders Identification Test (AUDIT), a well established screening test for detecting early stage alcohol problems.

Community	Wave	AUDIT Score Mean (95% CI)	Median	Consumption Score Mean (95% CI)	Median	Dependence Score Mean (95% CI)	Median
Podsmead	2	6.25 (4.73-7.77)	3.00	3.60 (3.04-4.17)	3.00	0.66 (0.31-1.01)	0.00
	1	10.45 (7.94-12.97)	6.00	5.11 (4.32-5.90)	4.00	2.11 (1.40-2.82)	1.00
Matson	2	5.64 (4.93-6.35)	4.00	3.73 (3.41-4.04)	3.00	0.61 (0.41-0.81)	0.00
	1	5.79 (4.98-6.59)	4.00	3.68 (3.34-4.01)	3.00	0.76 (0.52-1.00)	0.00

Table 6: Descriptive statistics for Alcohol Use Disorders Identification Test

Because the AUDIT scores are not normally distributed, the non-parametric Mann-Whitney test was performed. This showed that the distribution of AUDIT scores in Matson were the same between wave 1 and wave 2 of the survey. However, in Podsmead the distribution of the ADUIT scores were significantly different (lower, p=.010) for wave 2 of the survey.

In wave 1 of the survey (Nov 2011), the distribution of AUDIT scores was significantly different between Matson and Podsmead (p=0.001), but in wave 2 (Aug 2012) the scores were not significantly different. AUDIT scores can be categorised into four groups:

Community					AUDIT risk Zone I	Zone II	Zone III	Zone IV	Total
Podsmead	Survey Wave	2	Count		49	11	4	4	68
			%		72.1%	16.2%	5.9%	5.9%	100.0%
		1	Count		40	9	4	13	66
			%		60.6%	13.6%	6.1%	19.7%	100.0%
	Total		Count		89	20	8	17	134
			%		66.4%	14.9%	6.0%	12.7%	100.0%
Matson	Survey Wave	2	Count		172	48	4	9	233
			%		73.8%	20.6%	1.7%	3.9%	100.0%
		1	Count		184	35	4	11	234
			%		78.6%	15.0%	1.7%	4.7%	100.0%
	Total		Count		356	83	8	20	467
			%		76.2%	17.8%	1.7%	4.3%	100.0%

Table 7: Distribution of AUDIT scores

Q: How does the Stages of Change break down across the sample?

Community			Stage of Change					
			Pre-Contemplation	Contemplation	Preparation	Action	Maintenance	Reverse
Podsmead	2012	Count	41	4	3	9	10	1
			60.3%	5.9%	4.4%	13.2%	14.7%	1.5%
	2011	Count	42	4	9	6	5	0
		%	63.6%	6.1%	13.6%	9.1%	7.6%	.0%
Matson	2012	Count	126	21	9	18	52	3
		%	54.1%	9.0%	3.9%	7.7%	22.3%	1.3%
	2011	Count	138	20	8	15	43	7
		%	59.0%	8.5%	3.4%	6.4%	18.4%	3.0%

Table 8: Stages of Change in Matson and Podsmead

Q: How does claimed drinking behaviour relate to the Stages of Change?

			Stage of Change						
			P-C	C	P	A	M	R	Total
AUDIT risk	Low Risk	Count	300	20	4	22	89	5	445
		%	67.4%	4.5%	.9%	4.9%	20.0%	1.1%	100.0%
	Increasing	Count	40	20	5	14	18	5	103
		%	38.8%	19.4%	4.9%	13.6%	17.5%	4.9%	100.0%
	Risky	Count	3	1	5	4	2	0	16
		%	18.8%	6.3%	31.3%	25.0%	12.5%	.0%	100.0%
	High Risk	Count	4	8	15	8	1	1	37
		%	10.8%	21.6%	40.5%	21.6%	2.7%	2.7%	100.0%
Total		Count	347	49	29	48	110	11	601
		%	57.7%	8.2%	4.8%	8.0%	18.3%	1.8%	100.0%

Table 9: Stages of Change and AUDIT Cross Tabulation

This analysis was performed on the whole sample, because of the difficulties in interpreting a relatively small sample when broken down into even smaller categories.
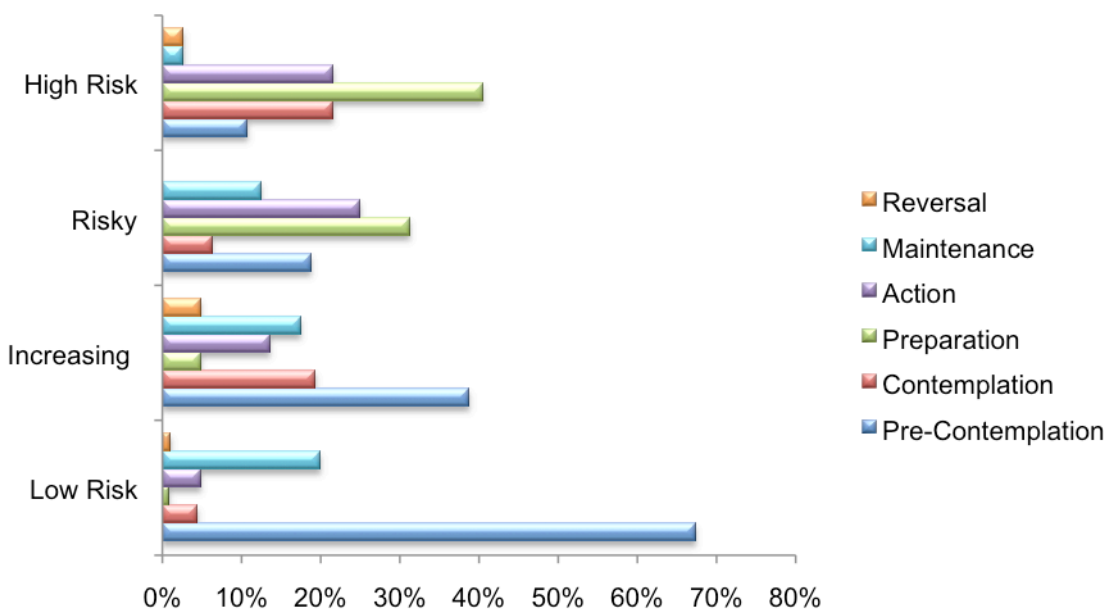

Figure 17: Stages of Change distribution across AUDIT categories

It is interesting to note that of those in the risky and high risk categories from the AUDIT, a reasonable number are in the preparation or action stage of trying to change.

5.7. *Where to go for help with drinking*
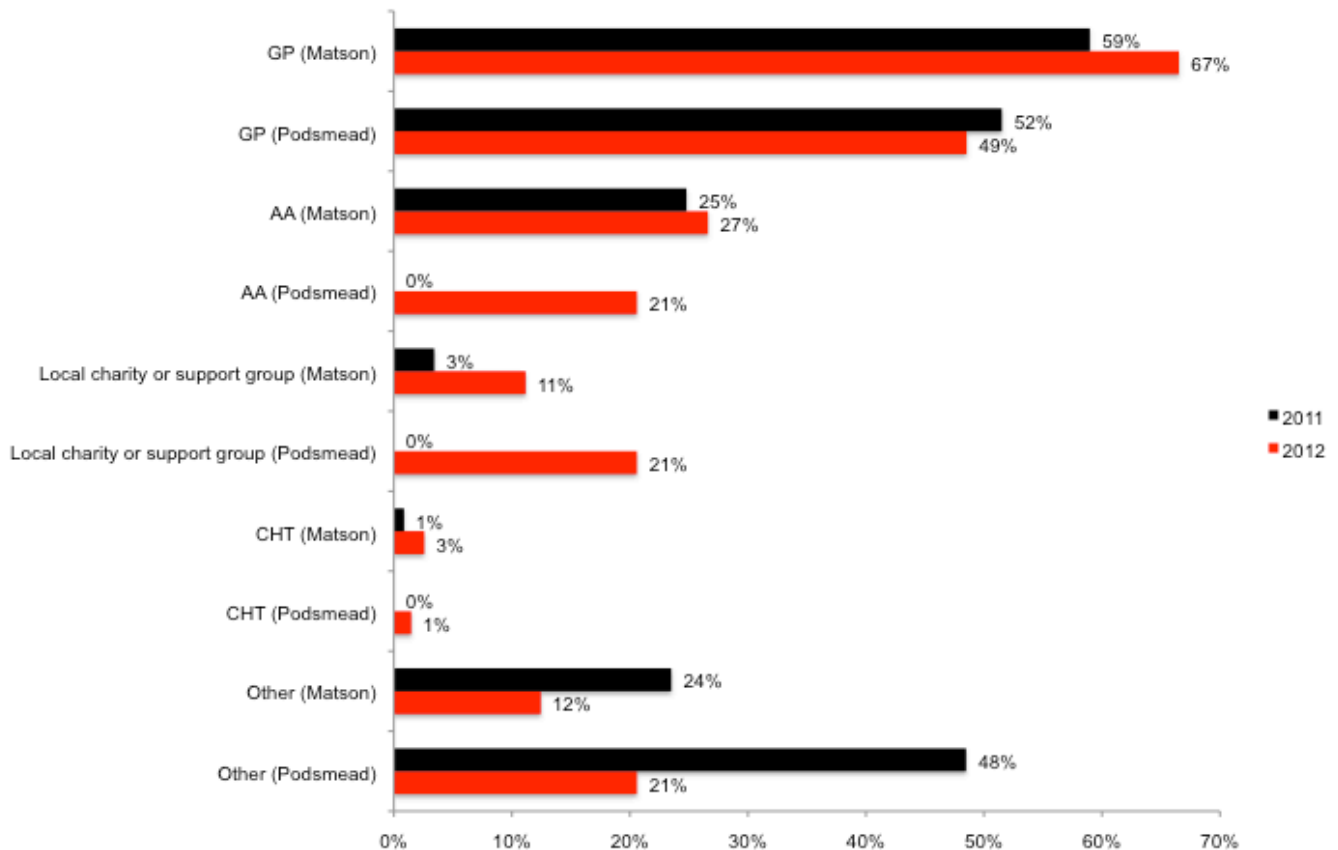
Figure 18: Sources of help for drinking

The "other" responses included 19 "don't knows", a couple of people who would approach the person concerned directly "it's up to the individual themselves" or would prefer to deal with their alcohol problems on their own. Independence Trust / GDAS were mentioned three times, as well as single mentions for Citizen's Advice, Samaritans, the Finlay and Tredworth Children's Centre, NHS Direct website, the Police, the respondent's own hypnotherapist and St John's Ambulance.

6. Conclusions and reflections

6.1. Risky drinking is bound up with many factors

Studies investigating the concept of 'drinking to cope' emphasise the relationship between negative mood and alcohol consumption (Lewis et al., 2008). Other 'ill effects' associated with living in a deprived or marginalised community have also been linked to alcohol harm (Bernstein, Galea, & Ahern, 2007; Martikainen, Kauppinen, & Valkonen, 2003) and the qualitative evidence from our work seems to fit this pattern.

Our quantitative evidence is less clear: wellbeing scores for Matson and Podsmead in 2012 are not different and do not seem to be correlated with the AUDIT scores. Note that our study was not designed to investigate a link between wellbeing and drinking in these communities, though this is something that could be considered for the future.

6.2. Community strength may be linked to drinking

Literature suggests that when communities are stronger and more social, people have better physical (e.g. Veenstra, 2001) and mental health (e.g. Lindstrom, 2004) though there doesn't seem to have been much work done linking community strength to drinking specifically. We tracked changes in community strength using measures of attendance at community events, membership of community organisations and volunteering.

Something very interesting has emerged from the survey results in Podsmead. Statistically, the increase between November 2011 and August 2012 in community engagement and decrease in risky drinking (as measured by the AUDIT) are both significant.

It is possible that a Type 1 error has occurred (i.e. a false positive finding); due to random chance, we may have simply recruited a sample in Podsmead in 2011 that was very disengaged and indulged in high risk drinking, and in 2012 our sample was more engaged and drank in moderation.

It is also possible however that there has been no error and there really is a significant increase in community strength in Podsmead and simultaneous decrease in risky drinking. It is interesting to note that in Matson, where a scheme has yet to be launched, there has been no great difference in community strength or drinking.

A larger sample size in Podsmead would have helped bolster the reliability of conclusions, but budget precluded large samples in both communities. A longer-term tracking study in Podsmead could be considered as a way of investigating how the Big Local and ABCD work affects this community.

6.3. Something exciting is happening in Podsmead

As well as the quantitative evidence outlined above that suggests the Podsmead community is becoming more engaged; there is also some emerging qualitative evidence that things in Podsmead might be changing for the better.

Our personal observations about the community suggest that the combination of our work to explore people's lives through talking to them about drinking, combined with the Big Local and BHF funding being awarded and latterly the Asset Based Community Development work has given local people hope that their views will be heard and things may start to change for the better.

Councillor Jennie Dalimore, Cabinet Member for Communities and Neighbourhoods said, "I have been learning from the research and therefore in my position is elected member and now responsible Cabinet Member, I have recognised the importance of this consultation and to ensure that the momentum to this research is not lost or replaced by the need for additional/different consultation."

6.4. It's a challenge to integrate co-creation in commissioning frameworks

The project involved negotiating some tensions between a desire to gain a fuller understanding of the ecology of health in these communities and the need to show an impact on risky drinking specifically; and between the need to focus resources on a particular group and to find a way for the whole community to participate in the research.

Another challenge we faced with this project was balancing the need to take time to allow relationships and trust to develop with the communities and the importance of meeting agreed deadlines and expectations for outcomes.

These challenges aren't new to those seeking to encourage participation whilst working within existing structures. Independent charity NESTA[2] has commissioned a series of reports into the co-production of services, and has found that co-production doesn't sit easily with the standard systems that public services and charities use to 'deliver' services. This, they observe, makes the practice of co-production difficult.

NESTA suggests that commissioners need to:

- Recognise the need to move away from rigid, short-term outputs and quantitative targets to longer-term outcomes based commissioning.

- Recognise that making the case for co-production of services is complex, and the evidence isn't straightforward to gather.

- Draw upon the expertise of smaller organisations (perhaps from the third sector) that are familiar with working in less structured and hierarchical ways.

6.5. The challenges of scaling up co-created solutions

In creating the research proposal, we were asked to consider the ways in which our learning from this project can be applied to other areas in Gloucestershire, and indeed across the UK. The things we've learnt about Matson and Podsmead and the solutions that local people have co-created may not translate to other communities in the typical "test and roll out" approach.

NESTA have found that in the majority of cases where co-production is being practiced successfully, initiatives have grown organically, are rooted in local realities and rely on local assets and relationships. This is the aim of the Asset Based Community Development Community of Practice in Gloucestershire, and we are happy to contribute to this as needed. We believe that other communities and stakeholders can learn from our experiences in these communities and therefore can recommend an engagement process and provide a 'toolkit' of approaches that we think could work.

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[2] http://www.nesta.org.uk/areas_of_work/public_services_lab/coproduction

7. Recommendations

Many of our recommendations are interlinked.

7.1. Listening to people is good; showing them that you've listened is better

The different results in Matson and Podsmead for community engagement (and drinking behaviour, though this could well be an anomaly and should be treated with caution) suggest that people in Podsmead have responded well to evidence that their views have been heard and that service providers are prepared to act upon them. In Podsmead, the Podsmobile branding achieved good levels of recognition and a positive reaction to the concept.

For this reason, people in Matson and Podsmead need to know (and they need to know quickly, particularly in Matson where nothing tangible has happened so far) what is being done with the results of the project. We would recommend that this should be disseminated locally in an appropriate way (not a report!) and would be happy to support this process.

We have gathered good data from people and stakeholders in Matson and Podsmead and in Podsmead the Big Local team have gathered a considerable amount of feedback and ideas about the community and what people would like to change. We suspect that people would feel let down, as though their time and opinions haven't been treated with respect, if other organisations were to arrive in Matson and Podsmead armed with a list of similar questions.

So, we recommend that where possible, other stakeholders and agencies should avoid asking those particular questions again, at least until there is a reasonable expectation that things have changed. As well as being a duplication of effort, doing this will give the impression to these communities that they are not really being listened to.

However, there are some questions that we think should be explored in these communities around attitudes towards the work people do or feelings about being out of work; education and training; aspirations for themselves and their children.

Actions

- Disseminate the findings and next actions locally
- Use the Podsmobile brand to assist dissemination in Podsmead

7.2. Engaging people has raised expectations; this promise should be kept

There were a number of Matson residents and stakeholders who were keen to help develop the Hub idea, starting with a network of volunteers ready to befriend and mentor those in need of friendly support. Some time has passed since the scheme was actively pursued, and people are wondering whether anything is going to happen.

One organisation that is in a position to help is Fair Shares, who had a reasonable level of brand recognition in Matson. Their philosophy and values seemed very consistent with our conclusions about what is needed in both communities: building up trust and relationships slowly, tackling underlying feelings of isolation, shame and powerlessness before an attempt to "intervene" with direct advice.

The Community Health Trainers have both local and subject knowledge and are very motivated to help. They also have access to support services, but our survey suggests that local people wouldn't necessarily think to approach them for help. Gloucester City Homes have a network of volunteers with a support structure in place. They are keen to collaborate and have recognised the link between housing and health. We would suggest working with these three organisations in Matson.

People in Podsmead have opened up to us in a way that we're told is not typical of this community. We feel that we, along with other stakeholders like Jennie Dalimore and the Big Local team and the British Heart Foundation Team, have been involved in the beginning of a

change in this community's spirit and optimism. Evidence from the survey supports our experiences.

This emerging spirit in Podsmead is a great opportunity for anyone that would like to see positive changes happening there, and it is vital that we don't simply abandon local residents and stakeholders because our official involvement has ended. The Podsmobile could become a symbol of this positive feeling, and so we have made the branding and artwork freely available to the Big Local team to use as they see fit.

One tangible outcome from the Podsmobile arose from a meeting of two volunteers from the Health Day: UnLtd who fund "community stars" on the spot and a local lady who has just qualified as a counsellor. She applied to UnLtd and was awarded some start up funding to create an emotional support service for people in Podsmead. Backing this initiative, even if no additional funding can be found, would be more evidence that service providers intend to act upon what has been learnt.

Actions

- Encourage someone to take responsibility for the Matson volunteers
- Pursue and facilitate stakeholder collaborations in both communities
- Consider funding a longer Podsmobile pilot in collaboration with stakeholders
- Back the Podsmead emotional support service

7.3. To challenge shame and stigma, show that 'outsiders' can be trusted

There were a number of insights into people's concerns about the consequences of seeking help; particularly worrying for people was involvement of social services, loss of benefits and personal information "getting out". It could be tempting to try and tackle these problems directly.

However, we would caution that shame and stigma are embedded in society and culture and consequently it takes a great deal of time and investment to change the way that individuals feel. As an example, consider the significant expenditure at the moment to tackle the stigma associated with mental health problems. Instead, we would suggest measures that could help to reduce the impact that shame and stigma can have on the likelihood that people would seek help.

Firstly, we found a number of myths and misunderstandings about what would happen if someone sought help with alcohol problems. It would be useful if straightforward information were accessible about issues like how Social Services might become involved and about the strict confidentiality in which personal information is held. Matson co-designers thought a film could be helpful, and this would have been an important goal for the Matson scheme.

Another suggestion that emerged from the co-creation process was the importance of providing "realistic" information about how services can help and what can be achieved. This, co-designers in Matson felt, would be more trustworthy than optimistic promotional materials that implied unrealistic (to local people) outcomes.

Primarily though, we found that people responded to Lindsay's approach to the communities. We have received feedback from multiple sources about her respectful and empathetic approach and the way that this enabled relationships and trust to develop over time. Several stakeholders felt that this 'capital' that had been created was the best way to make people feel sufficiently reassured to seek help.

Actions

- Work with local people to co-design clear information about the help that's available
- Consider how trust can be build between service provides and local people

7.4. If people can feel better, then they can cope better without alcohol

Our work in these communities (and the academic literature) seems to provide good evidence of the link between people's emotional wellbeing, social connectedness and the need to use alcohol as a "palliative" way of coping with stress and unhappiness.

Finding ways to reduce isolation seems to be a vital first step, and we can hypothesise that would be a number of additional benefits (a virtuous circle) that could be instigated by trying to help people feel better about their lives, even though there is no quick and simple solution to the challenge of struggling to manage on a low income in an area where crime and unemployment are higher and education and aspirations lower.

Actions

- Make the link between wellbeing and health explicit in commissioning policy

- Nurture the collaborations that have been made between other stakeholders (e.g. housing)

- Continue to work with local people, rather than thinking that we now have all the answers

7.5. Our learning is quite specific, what can be applied more widely?

This is one of the big challenges of any sort of asset based or collaborative working. Because projects are so often based on specific local assets and insights, it seems as though there is no way to transfer learning between communities; each project can feel as though it is starting from scratch.

Unfortunately, it isn't advisable to take shortcuts in the early phases of projects because so much of the value is gained through building connections locally and gathering very specific knowledge. The Asset Based Community Development project is well placed to assist with this methodology, though we can offer some specific suggestions to anyone wishing to embark upon a similar journey to ours:

1) Begin by getting to know the community. Spend time there talking to local people and joining in with groups and events. Recognise the value of community 'gatekeepers' who have significant local knowledge and contacts but may also have their own agenda, so it is important to be receptive to local power relations and politics, which can be complex and difficult to uncover.

2) It takes time to become 'known' in the community and thus to be able to talk to people who would not normally participate in such projects. Be sensitive to the reasons why some people may not wish to participate, acknowledging that it can take considerable time to build relationships and trust to overcome our status as 'outsiders'. Once this trust has been built, it is very damaging to break it, so it is vital to seek a commitment from stakeholders that they will make long-term plans for the future of initiatives. To support this, evaluation should be multi-faceted and designed to reflect this long-term perspective upon change.

3) To gain an understanding of drinking behaviour, those three research questions (why do people drink, why do they feel they can't stop and how does this affect them and those around them?) gave good insights. Different communities might have the same sorts of answers or they might feel differently (e.g. people in rural communities may feel looked down upon by their wealthier neighbours or that social life is organised around those with more resources, so a more focused set of questions based on local knowledge might be more efficient).

4) Using case studies and storyboards worked well for getting people to think of two types of solution: a) ways to stop the person on their journey towards serious problems with alcohol, and b) ways to help people who had reached the end of that same journey. It didn't seem to make much difference whether this co-design was done as a meeting / workshop of interested people or whether it was done with individuals who could be engaged for couple

of minutes. The latter approach works well in communities where people are very disengaged and would not be keen to attend something billed as a "workshop".

5) Build in opportunities to 'pause and prioritise' throughout the process. By its nature, this type of collaborative working evolves step-by-step (often to account for unexpected problems or opportunities) and plans will change regularly. We have found that regular 'pause and prioritise' meetings in the diary offer an invaluable chance to reflect on what has been learnt and agree next steps. Otherwise, a co-creation project can feel as though it is either spinning out of control or not progressing.

6) Finally, we would recommend that one person should take on the role of 'engagement lead' (thought they can be supported by others as needed) with responsibility for building relationships with the community. It helps if that person can also be the primary data collector, as this seems to give the community more confidence that their stories are being respected and that they are being listened to. How they approach this depends upon their personality, skills and experience because this type of working boils down to building relationships and if someone is attempting to play a role that they find uncomfortable, this will not be the basis for trust and empathy.

Key points for this methodology

- Allow adequate time to build relationships with communities

- Be sensitive to the impact of local power structures and politics

- Build in opportunities to 'pause and priorities'

- One person should be the focal point for community relationships throughout