



Fife Alcohol Partnership Project

Moving forward to tackle alcohol related harm in Fife

A Baseline and Interim Evaluation Report

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Research for Real
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Contents

Acknowledgements.....	3
Executive Summary.....	4
1. Introduction and background	7
The Fife Alcohol Partnership Project (FAPP).....	7
Sources of funding	9
Approach to the evaluation	9
Defining a multi-component programme.....	10
The role of the evaluators	11
2. Developing an outcomes-focused programme	13
An overview of recent data for Fife	13
Alcohol consumption - Scottish Health Survey 2003 and revisions Nov 2008	14
Drinking behaviours amongst young people	15
Alcohol-related Accident and Emergency Admissions to Hospital	15
Theories of Change: the development of a logic model	16
The FAPP outcome framework	20
3. Further data on drinking behaviours: FAPP survey 2010	22
4. Rosyth: background and key issues – the evidence base	26
Rosyth: the current picture	26
Health-related evidence of need	26
Evidence about anti-social behaviour	29
Community views of local issues	32
The views of the Police in Rosyth.....	35
The FAPP programme in Rosyth	37
Rosyth programme: progress and issues.....	40
Summary of progress and challenges in Rosyth	45
5. Touch: background and key issues – the evidence base	47
Touch: the current picture.....	47
Evidence about anti-social behaviour	50
Views from local community consultation events.....	52
The FAPP programme in Touch.....	56
Touch programme: progress and issues.....	58
Summary of progress and challenges in Touch	61
6. Dunfermline Town Centre	63
7. Conclusions and forward planning	65

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This report distils the views of those who have been involved in this evaluation process to date. We have endeavoured to do justice to the complexity of the issues and to support a process of critical reflection on the available and emerging evidence. We remain responsible for any errors or omissions.

Executive Summary

Moving forward to tackle alcohol related harm in Fife

The Fife Alcohol Partnership Project (FAPP) is an initiative which brings together a number of key national and local level stakeholders to design, develop and implement a series of interventions, using a multi-component approach, to tackle alcohol related harm in two designated pilot areas, Rosyth and Touch in Dunfermline. These areas were chosen on the recommendation of a Scoping Report undertaken in 2008. The creation of FAPP was expected to allow new things to happen from which the learning could be used in other areas across Scotland, particularly about new approaches to tackling alcohol-related harm at a community level. These would be in addition, and complementary, to existing local projects and initiatives. As a pilot, the FAPP project is intended to deliver benefits to the pilot areas and develop transferable learning of relevance to other areas. This report is for FAPP and their wider partners with an interest in the implementation of a multi-component approach to tackling alcohol-related harm. It provides an interim evaluation of progress to date, background information and fuller baseline and contextual data to assist in the on-going and final evaluation of the FAPP programme, originally due to complete in March 2011. A shorter companion report is also available.

Key findings

- There is a strong interest across Fife in the FAPP attempts to tackle alcohol-related harm. The public profile of alcohol-related crime and disorder is high across Fife. A recent survey by FAPP showed that the most common issue is the environmental impact of rubbish or litter lying around from people drinking alcohol outside. Rowdy behaviour as a result of drunkenness; young people under 18 purchasing alcohol in local shops and take-aways and adults buying alcohol on their behalf; intimidation or harassment due to drunkenness or due to a desire to obtain alcohol; and vandalism, graffiti or other deliberate damage to cars or other property as a result of drunkenness are all issues across Fife.
- In relation to health-related harm, the 2003 Scottish Health Survey¹ shows that whilst average adult drinking levels in Fife were within recommended guidelines, about a third of adult men and over a fifth of adult women in Fife were drinking more than the recommended weekly guidelines. In the recent Fife-wide FAPP survey, around one in ten women and one in seven men had some form of problematic drinking behaviour. This shows that some of those concerned about the impact of alcohol on communities are also, themselves, exhibiting potentially problematic drinking behaviours².
- FAPP has mobilised a number of existing agencies and stakeholders and acknowledge that the ability to deliver the FAPP programmes will crucially depend on proactive engagement of a wide range of agencies and individuals. There has been limited progress in the establishment of programmes for delivery in the two pilot areas and this inevitably limits what can be achieved by March 2011.
- Analysis of health and anti-social behaviour related data, together with local opinion suggest that both Rosyth and Touch are suitable pilot areas. All the behaviours associated with under-age or proxy purchase of alcohol appear to be more prevalent in Rosyth than elsewhere in Fife. FAPP is in no doubt of the importance of alcohol-related harm in Touch; consultation with local people shows a real sense of the personal costs and how alcohol abuse impacts on individuals and communities.

¹ Updated in 2008 to correct underestimates of consumption.

² The term 'problematic drinking' is most commonly used where there are two positive statements on CAGE, a four-item set of questions designed to indicate whether a person might have an alcohol problem or be alcohol dependent.

The FAPP outcomes framework

The FAPP Outcomes Framework details the intended long-term, intermediate and short-term outcomes of the pilot programme.

- In **Rosyth** the long-term impact is expected to be a reduction in alcohol related crime and disorder offences by young people under-18 years. The FAPP programme is based on a three-pronged approach to reduce consumption of alcohol by young people aged under-18 by tackling availability of alcohol for young people, reducing demand for alcohol by young people and improving broader public perceptions of alcohol related nuisance in the community.
- In **Touch**, FAPP have chosen to target a reduction in the impact of alcohol-related harm on individuals, families and the community. The approach is intended to improve knowledge of the harmful effects of drinking, encourage the greater adoption of safer patterns of drinking and reduced public acceptability of hazardous drinking and greater perception of safety and security in the home and community.

Progress and Prospects

Outcomes for FAPP pilot areas were not formally agreed until May 2010 and in June 2010, FAPP agreed to seek extension of the life of the partnership for a further limited period to provide a longer period for the planned outcomes to be realised. Agreement on desired outcomes was a protracted process that highlighted issues about use of evidence, communication and partnership structures and processes. Given FAPP's ambitions and the remaining duration of the pilot project, there are now a number of challenges.

There is often an absence of firm evidence of effectiveness and what evidence there is does not always provide a clear basis for *local* action. Given this situation, the viability and likelihood of the success of proposed interventions in delivering change will depend on how well targeted they are, the reach in terms of who they work with, the numbers of likely participants in programmes delivered at community level and the ability to link interventions into a programme, either concurrently, sequentially or thematically. The outcome framework must now be used to critically appraise each prospective intervention to ensure that all interventions are realistically able to deliver the intended short-term outcomes.

Most of the elements of the Rosyth programme are now fairly well-established. The main component is the Community Alcohol Partnership (CAP), now chaired by a Police Officer from Fife Constabulary. The CAP is based on a combined approach to tackling education, enforcement and public perceptions by bringing together police, local retailers, schools and the community to tackle underage drinking and address related problems such as anti-social behaviour and crime. The educational and public perceptions elements of the approach are delivered separately by the Rosyth Alcohol Partnership (RAP), a separate group of local stakeholders chaired by the Fife Council Locality Manager. Rosyth has the potential to be an effective evidence-based multi-component programme, with good prospects for sustainability by strengthening collaborative networks between professional or stakeholder groups. The success of the programme will rely to a large degree on the ability of the FAPP to encourage mainstream agencies to work together and work differently.

FAPP has taken a different approach to programme development in Touch by working more closely with community members and local professionals; as a consequence the Touch programme is much less well-developed than that for Rosyth. In effect the 'scoping' of the programme is an on-going process. FAPP has been referred to by local professionals working in Touch as '*a wake-up call*' and offers the potential to respond to alcohol-related harm in a cross-cutting and multi-agency way.

No formal FAPP interventions have been delivered in Dunfermline Town Centre and there are divergent views about the influence they have had over recent community safety interventions in the town centre. Given other developments and limited resources a decision has been made to focus on Rosyth and Touch.

Some of the earliest interventions supported by FAPP commenced in the absence of a clear outcome-focus and therefore do not necessarily clearly address the desired FAPP outcomes. A small number of interventions have been completed. The value of these earliest interventions may be as much as 'demonstration projects' and a positive springboard to engage the participants in wider community or school-based activities and to use their experience to motivate them to continue to be involved in the work of FAPP. If this is to be an effective part of a multi-component approach, FAPP will need to build on this progress sooner rather than later.

A review of partnership processes and the interim evaluation process have assisted the development of new understandings and better working relationships amongst FAPP members. The achievement of full collaborative advantage and a new level of maturity will require a great deal of on-going energy, commitment and care, from all parties, including new partners brought into the process to enable FAPP to meet its ambitions.

In relation to the final evaluation of the work of the FAPP, there are a number of challenges of measurement of change. There are a number of fundamental issues about the basis, scope and validity of evidence that can be generated about short-term interventions to address alcohol-related harm in small community settings. There are different expectations amongst the FAPP and its wider partners about what evaluation can deliver; for example, some seek proof of impact and wish to be able to attribute impact to specific interventions, yet definitive attribution of outcomes to specific interventions is probably an unattainable goal given the complexity of the issues and the national economic and policy context.

As the multi-component programme begins to be implemented more fully, this is a good time to engage practitioners, multi-agency partners and wider communities more actively in a more systemic and reflective approach to evaluation that supports self and peer review and wider dialogue and sharing of lessons.

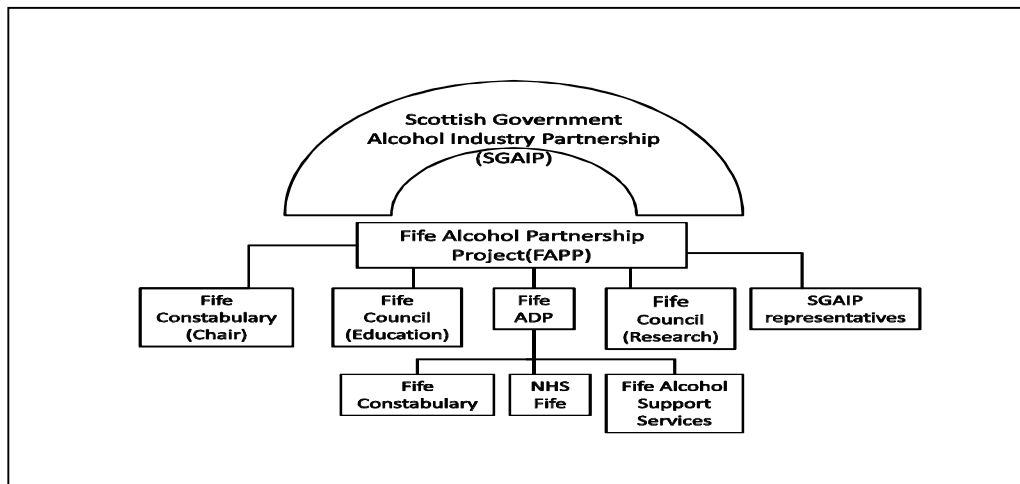
1. Introduction and background

- 1.1 This report provides an interim evaluation of progress to date, background information and fuller baseline and contextual data to assist in the on-going and final evaluation of the FAPP programme, originally due to complete in March 2011. This may now be extended to provide a longer period for the planned outcomes to be realised. A shorter companion report is also available.
- 1.2 Section 2 includes the data presented to FAPP in June 2009 which was used to assist them in developing the FAPP outcomes and programme. Section 3 includes selective Fife-wide data from the FAPP web survey undertaken in early 2010. Sections 4 and 5 give further baseline and web survey data for the pilot areas of Rosyth and Touch. Section 6 reports on work in Dunfermline Town Centre. Conclusion and issues for forward planning are provided in section 7.

The Fife Alcohol Partnership Project (FAPP)

- 1.3 The Fife Alcohol Partnership Project (FAPP) is an initiative which brings together a number of key national and local level stakeholders to design, develop and implement a series of interventions, using a multi-component approach, to tackle alcohol related harm in designated pilot areas of Fife.
- 1.4 The original formal membership of the FAPP Steering Group included representatives from the Scottish Government & Alcohol Industry Partnership (SGAIP), Fife Constabulary (current Chair), Fife Council, and Fife Alcohol and Drug Partnership (ADP, formerly DAAT)³. The creation of FAPP was expected to allow new things to happen from which the learning could be used in other areas across Scotland, particularly about new approaches to tackling alcohol-related harm at a community level. Figure 1.1 shows the original structure of the SGAIP and FAPP.

Figure 1.1: The Scottish Government Alcohol Industry Partnership and the Fife Alcohol Partnership Project (original structure)



- 1.5 The work of the FAPP commenced in March 2008, following discussions between the SGAIP and Fife DAAT. Fife was approached to be the multi-component geographical pilot for a number of reasons including;

- key agencies have coterminous boundaries
- the mix of urban and rural areas

³ Representation from the SGAIP includes the Scotch Whisky Association and Diageo.

- recent experience of hosting pilot activity (test purchasing)
- experience of working with industry e.g. Diageo in Leven, Drug & Alcohol Project (DAPL)
- access to students via St Andrews University and other colleges.

1.6 The SGAIP presented this as a groundbreaking opportunity for the private, public and voluntary sectors to work together to develop, pilot and evaluate potential solutions with the provisional objectives of:

- reducing alcohol-related harm and the impacts of alcohol misuse;
- promoting responsible and safer drinking;
- increasing awareness of alcohol misuse issues;
- reducing underage drinking, related youth disorder and proxy purchasing;
- reducing anti-social open air and street drinking;
- reducing alcohol related crime.

1.7 These were indicative objectives and the SGAIP conveyed the expectation that the FAPP Steering Group would develop a definitive set of outcomes based on analysis of the key issues and priorities as identified by local stakeholders⁴. Project documentation outlined expectations that the pilot would implement a range of new and previously tried interventions to tackle alcohol-related harm and misuse. These would be in addition, and complementary, to existing local projects and initiatives. The selection of local initiatives and priorities would be led by the Fife ADP alongside inputs from the alcohol industry and central government. Evaluation of effectiveness was also considered to be an integral part of the multi-component approach.

1.8 The FAPP Steering Group appointed a secondee from Fife Constabulary in July 2008 to conduct a scoping exercise with the overall aim of exploring local stakeholders' views on the types, nature and causes of alcohol misuse in their areas and to make recommendations of a number of pilot areas in which to focus initial attention and activity.

1.9 The criteria for selection of appropriate pilot areas were based on the factors detailed here, as reported in the scoping study; these were considered to be capable of ensuring that successes achieved through the interventions were relevant, meaningful, capable of replication within other communities and able to withstand scrutiny:

- Scottish Index of Multiple Deprivation 2006 Level
- Previous / ongoing projects interventions
- Social structure
- Community leadership
- Local priorities
- Evaluation potential
- Transferability
- Sustainability.

1.10 The scoping report was presented to the FAPP Steering Group in December 2008. The main recommendations were that pilot activity should be concentrated initially in Rosyth, Touch and Dunfermline Town Centre. It was also recommended that the pilot should also identify and work in a rural community at some time during the term of the project. The scoping study also identified a clear need for an increase in services and support for many communities in the West Fife Area. It suggested that *'existing services from central Fife should be introduced to the pilot areas selected or*

⁴ The FAPP Steering Group subsequently adopted these objectives and issued a publicity leaflet detailing these in April 2009.

that those service providers with the knowledge, experience and resources bring that to selected areas as part of the pilot'. It also identified a need for investment in training in communication and partnership working.

- 1.11 These recommendations were accepted by the Steering Group with the caveat that local community stakeholders should be extensively consulted before any final decisions were taken to work in particular areas. The Steering Group also accepted the recommendation that Community Safety Co-ordinating Groups should be fully consulted and play an integral part in shaping local activity and interventions and that it would consider investing in training in 'partnership working' at a local level. A Project Manager was appointed in March 2009 and the evaluation was commissioned in April 2009.
- 1.12 Although originally it was planned that FAPP would identify and work in four pilot areas, since March 2010, the work of the FAPP has focused on two pilot areas, after a decision by the Steering Group to prioritise Touch and Rosyth.

Sources of funding

- 1.13 Figure 1.2 details the main sources of funding for FAPP for 2009-10 and 2010-11. This is not the full picture as funding applications and decisions are made as the programme is developed⁵. A full financial appraisal will be included in the final evaluation report.

Figure 1.2: FAPP main sources of income: 2009-10 & 2010-11

The Robertson Trust	£100,000
Scottish Government	£50,000
Diageo	£26,500
Scotch Whisky Association	£5,000
Fife Community Safety Partnership	£9,275
Fife Alcohol and Drug Partnership	£35,000
Total	£225,775

Source: FAPP Steering Group Paper, August 2010

Approach to the evaluation

- 1.14 As a pilot, the FAPP project is intended to deliver benefits to the pilot areas and develop transferable learning of relevance to other areas. The evaluation is seen as a significant and integrated part of the project design, implementation and review. The original scoping report suggested that it would be desirable to have "matched 'control' and 'action' areas to allow for the identification of which interventions work best and in what combinations."⁶ However, the brief asked for a 'mixed methods, action research approach', which would be both summative, enabling comparisons over time, and formative, informing and enabling action and reflection throughout the pilot.
- 1.15 The objectives of the evaluation as set out in the brief are:
- a) Together with the Project Manager, to facilitate and confirm a consensus within the Steering Group about the meaning of alcohol related harm relevant to the project.

⁵ The Robertson Trust and Fife ADP funds are dedicated to meet the costs of the Project Manager's salary and the Scottish Government is funding the evaluation costs.

⁶ Quoted in FAPP Project Update, February 2009

- b) To identify good quantitative and qualitative measures of alcohol harm and enable the Steering Group to determine what it can best use as criteria to evaluate change in the pilot areas.
- c) To help identify, support and assist the design and development of interventions in the pilot areas so as to ensure learning can be captured.
- d) To provide evidence for a baseline and exit strategy assessment for the pilot areas.
- e) To evaluate the process and impact of interventions in the pilot areas.
- f) To carry out resource analysis of the interventions in the pilot areas to inform judgements about value for money.
- g) To evaluate the added value from the multi-component approach, partner contributions, inter-agency referrals and protocols and community based activity.
- h) To evaluate the contribution to outcomes of the partnership approach.
- i) To facilitate reflection and learning throughout the pilot process to inform its planning, development, implementation, review and roll forward.
- j) To provide methods of dissemination to enable the learning to be captured and shared with communities, front line services, service planners and management, stakeholders within Fife, the Scottish Government, its agencies, the alcohol industry and community planning partners elsewhere.

Defining a multi-component programme

1.16 Previous research has suggested that effective multi-component programmes need to be based on a sound theoretical framework to provide clarity about the way the problem is understood and guide the design and implementation of both the intervention programme and its evaluation⁷. The evaluation activities to date have been focused on working with the partnership to devise a multi-component approach with the following features:

- a strategic framework with a theoretical basis for action;
- the identification of problems defined at local levels;
- a programme of co-ordinated projects to address the problem based on an integrated programme design, where single interventions run in combination with each other and/or sequentially together over time;
- identification, mobilisation and co-ordination of appropriate agencies, stakeholders and local communities;
- clearly defined outcomes and activities with measurable indicators and identified data sources to assess effectiveness for the programme as a whole and for individual projects or activities; and
- evaluation as an integral part of the programme from the start.

1.17 Multi-component programmes can be understood as typically emphasising:

⁷ A new approach to prevent and reduce alcohol-related harm, JRF Findings, March 2007

“...modifying drinking cultures and effecting change or modification in local policies, structures and systems – for instance, by improving local policies on alcohol, by strengthening collaborative networks between professional or stakeholder groups, or by involving local communities in efforts to achieve change. In community-prevention approaches, whole communities form the target-intervention group rather than individuals within the community”⁸.

- 1.18 These features are effectively the criteria against which the ultimate success of the FAPP programme as a whole will be evaluated.

The role of the evaluators

- 1.19 The evaluation was commissioned in April 2009. At that time, no interventions were in place; the immediate tasks were therefore concerned with identifying and working with evidence that would support the agreement on outcomes and the design of interventions. A number of different perspectives were evident amongst the partnership. A major issue was the desire to see ‘proof’ of impact and the ability to attribute impact to specific interventions within a complex, multi-faceted and ever changing local and national context. There were also conflicting desires to secure community engagement in the process which might entail a slower pace of working, with a stronger focus on the more immediate delivery of activities. Partnership structures and ways of working had already been established and were perhaps designed more for operational delivery and accountability than dialogue about purpose and outcomes. The brief had asked for action research, although this was not well understood within the partnership.
- 1.20 The evaluators have acted as ‘critical friends’ to the partnership. This is a common action research role in which the evaluator reacts to the work of the practitioners (here, the FAPP) in an on-going way, providing information and accessing evidence, providing critique or alternative perspectives and support for the design and delivery of consultations and interventions. The main evaluation activities have involved working with the Project Manager and the Steering Group to explore the meaning of alcohol-related harm relevant to the project and develop agreement around corresponding appropriate outcomes to support the design and development of interventions in the pilot areas. This has included the development of logic models, facilitation of local consultative activity in Touch and Rosyth, the identification of data sources and, latterly, working with funded projects as they come on-stream to support their monitoring and evaluation plans. The evaluators have also facilitated two review meetings with the FAPP Steering Group, in March and June 2010.
- 1.21 In March 2010, FAPP approved the use of a service level agreement with funded projects. This was based on the expectation that directly-funded projects and those that are part of the FAPP programme should be able to demonstrate whether and how their work has contributed towards the long term goal of tackling alcohol-related harm in Fife. Projects are required to provide evaluation evidence for key agreed short-term outcomes at the level of the project or service. Their outcomes must have been agreed with FAPP and be compatible with the FAPP overall long-term outcomes. Projects have been encouraged to use existing evaluation support resources. The agreement offers the support of the evaluation partner and sets out the requirement that they should, as a minimum, discuss and confirm their plans with the evaluation team, even if they have existing evaluation approaches in place.

⁸ Multi-component programmes - An approach to prevent and reduce alcohol-related harm, Betsy Thom and Mariana Bayley, JRF, 2007

1.22 All of these elements of the evaluation are on-going. A member of the evaluation team has been in attendance at most Steering Group meetings since May 2009. In January 2010, a review of the work of the partnership was conducted and interim evaluation commenced in June 2010.

2. Developing an outcomes-focused programme

- 2.1 Attempts to develop a strategic framework, grounded in available evidence of effectiveness together with local evidence of need, have been a major focus of evaluation activities. In describing this process, it is expected that such a *'narrative description of the process of programme implementation will improve understanding of success factors and of the extent to which particular initiatives may be transferred to other local settings'*⁹.
- 2.2 At the initial stage of the involvement of the evaluation partner, there were a number of 'ideas' being discussed, but no agreement and a remaining need for consultation with the Steering Group and with local communities. Some members of the Steering Group expressed keenness to *'do something different'* and took the view that *'we're not afraid to fail'*. This ethos underlined the need for evaluation of effectiveness and the potential for learning, but also highlighted different perspectives around the use of existing evidence of effectiveness and expectations of the evaluation process.
- 2.3 At this time, there was no programme in place in any of the pilot areas. Therefore, an early task was to work with the Steering Group to agree a definition of alcohol-related harm relevant to the project and then propose appropriate measures of alcohol harm to evaluate change in the pilot areas. This section includes the data presented to FAPP in June 2009 which was used to assist them in developing the FAPP outcomes and programme. It is also of value as contextual data in the evaluation of the full FAPP programme.
- 2.4 The process of agreeing programme outcomes has illustrated the limitations of an evidence-informed approach to programme design, the frequent absence of firm evidence of effectiveness and the consequent lack of a clear indication of what interventions might sensibly be tried at a local level. This situation highlighted different levels of 'comfort' and some frustration with the slow pace of the development of a viable programme and illustrated a number of tensions within the partnership structure and processes.

An overview of recent data for Fife

- 2.5 To guide the development of the FAPP programme and promote agreement on specific local outcomes, a presentation to the FAPP Steering Group was undertaken in June 2009 to highlight available national and local level data on drinking patterns and behaviours¹⁰. On request, this repeated some of the analysis undertaken in the original scoping study in 2008 which showed that patterns of alcohol consumption in Fife mirror closely that of Scotland as a whole.
- 2.6 The presentation included revised estimates of alcohol consumption from the Scottish Health Survey (SHeS) 2003; evidence from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2006 on the prevalence of smoking, drinking and drug use among 13 and 15 year olds in Fife¹¹; and data from a survey of alcohol-related patient admissions to Accident & Emergency at Queen Margaret Hospital, Dunfermline which provides some data at postcode level¹².

⁹ *Multi-component programmes - An approach to prevent and reduce alcohol-related harm*, Betsy Thom & Mariana Bayley, JRF, 2007

¹⁰ Note this section discusses the data presented at the time: more recent information is available. For example, see the Fife, *Director of Public Health Annual Report 2009*, 2010 forthcoming.

¹¹ While more recent SHeS and SALSUS data has been published, it is only available at national level.

¹² There are few sources of health data at postcode level, although some has been obtained from Information Services Division (ISD) of the Scottish Government and is reported below.

Alcohol consumption - Scottish Health Survey 2003 and revisions Nov 2008

2.7 Figure 2.1 shows the effect of the 2008 revisions to the Scottish Health Survey 2003 data on alcohol consumption, for Fife and Scotland as a whole¹³. The effect of the revisions in Fife were that men drank an average of 17.5 units and women drank an average of 8.3 units a week, increases over the original estimates of 21% and 43% respectively. The impact of the revisions is particularly pronounced for women in managerial and professional households, women in the highest income 20%, and in the *least deprived* 20% of areas. As a consequence the socio-demographic differences in women's weekly drinking are *even more pronounced* than previously reported. There is a similar, though lesser, effect of the revisions for men: those in professional, managerial and intermediate households were more likely to exceed weekly guidelines than men in other types of household. The original estimates suggested a relationship between deprivation and consumption, whereas the revisions show there is *no longer a consistent pattern*¹⁴. Whilst average adult drinking levels in Fife were within recommended guidelines, about a third of adult men and over a fifth of adult women in Fife were drinking more than the recommended weekly guidelines.

Figure 2.1: Estimated usual weekly alcohol consumption level, by gender

Adults aged 16+ years	SCOTLAND		Fife	
	old 2003 N	new N	old 2003 N	new N
Men				
Mean units per week	17.2	20.3	14.5	17.5
95% Confidence interval (lower)	16.1	19.1	11.8	14.7
95% Confidence interval (upper)	18.2	21.5	17.1	20.3
Women				
Mean units per week	6.5	9.1	5.8	8.3
95% Confidence interval (lower)	6.1	8.5	4.8	6.7
95% Confidence interval (upper)	7.0	9.8	6.8	9.8
All adults				
Mean units per week	11.6	14.4	10.1	12.9
95% Confidence interval (lower)	11.0	13.7	8.3	10.9
95% Confidence interval (upper)	12.1	15.1	11.9	14.8
<i>Bases (weighted):</i>				
<i>Men</i>		3780		276
<i>Women</i>		4209		278
<i>All adults</i>		7989		554
<i>Bases (unweighted):</i>				
<i>Men</i>		3552		246
<i>Women</i>		4476		277
<i>All adults</i>		8028		523

Source: Scottish Health Survey 2003, revisions Nov 2008

¹³ The unit conversion factors were revised by ONS to reflect stronger alcohol content and, for wine, larger serving sizes. New unit conversion factors were applied retrospectively to the 2003 SHeS.

¹⁴ More recent data from the SHS 2008 shows that at the national level, men in the most deprived and women in the least deprived quintile drink the most (in terms of mean weekly consumption).

Drinking behaviours amongst young people

2.8 The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2006 shows the prevalence of smoking, drinking and drug use among 13 and 15 year olds attending both state and independent schools in Fife¹⁵. SALSUS questions are useful as a source of validated questions to ask young people about alcohol consumption and the survey data also enables a comparison of the young people that participate in FAPP interventions with a Fife-wide sample.

2.9 Key points reported to FAPP in 2009 based on the most recent SALSUS survey showed that:

- 66% of 13 year olds and 83% of 15 year olds reported that they had had an alcoholic drink.
- Of those who had drunk alcohol, the average age when they drunk more than a small amount of alcohol was 11 years old.
- 63% of 13 year olds and 79% of 15 year olds thought it was 'ok' to 'try drinking to see what it's like'. Girls are more likely than boys to say that 'it's OK'.
- In the last week, 33% of 15 year olds and 18% of 13 year olds had drunk alcohol.
- Girls in Fife were significantly more likely to have had an alcoholic drink in the last week than boys (30% of girls and 22% of boys reported drinking in the last week).
- Comparing 2002 and 2006, there has been a significant *decrease* in the proportion of 15 year olds who have ever had an alcoholic drink (particularly amongst girls), but no significant change to the proportion of 13 year olds who have and a *decrease* in the proportion of 15 year olds who had had an alcoholic drink in the last week (but, again, no significant change to the proportion of 13 year olds who had).
- 26% of boys and 25% of girls in the survey have never had a drink.
- Frequency of drinking amongst 15 years olds has also declined. In 2006, 25% of girls (aged 13 & 15) say they drink once a week or more often: a *decrease* from 29% in 2002. The equivalent figure for boys is 21% in 2006; a decrease from 28% in 2002.
- 51% of boys and 43% of girls say they never buy alcohol. Girls are more likely to buy from a friend or relative or someone else; 54% of girls (who have had an alcoholic drink) say that they have got someone else to buy alcohol for them in the last 4 weeks. Boys use different strategies and are more likely to rely on buying from shops, an off-licence or a supermarket. Small and decreasing proportions (of both sexes) buy from pubs, bars, clubs or discos.
- About two-thirds of both boys and girls (who have ever had an alcoholic drink) say that they have *ever* been drunk.
- When asked about family attitudes to drinking, girls are more likely to say they don't know that they drink; boys are more likely to say that their families don't mind and that they don't know what their family feels about them drinking.

Alcohol-related Accident and Emergency Admissions to Hospital

2.10 Data were also presented to the Steering Group from a survey of patient admissions to A & E at Queen Margaret Hospital, Dunfermline.¹⁶ This included new analysis by postcode and gender which reveals interesting patterns¹⁷. Use of A&E admissions data of this type is not ideal, as there will be a large number of individuals, particularly young people that attend A&E but who are not admitted.

¹⁵ It was undertaken during the autumn term, 2006 with S2 and S4 pupils. 612 pupils in 12 schools in Fife took part in the survey, which is a pupil response of 77%. The next SALSUS survey that will provide local level data will be available in 2011.

¹⁶ This was a manual exercise where patients aged 12 and over were asked whether alcohol was a contributory factor in their attendance conducted at Xmas/New Year 2007-08 and Sept 2008.

¹⁷ The full data is not reported here due to small sample sizes.

Recording of alcohol-related admissions also relies on nursing and medical staff asking whether alcohol is a contributory factor and then recording that. Note that this A & E survey is unlikely to be repeated so has limited value as baseline evidence. Key points are:

- 66% of admissions were male; 34% female – based on 322 admissions where alcohol is a factor.
- There were 44 admissions from postcode areas KY11 4**. This area covers 23 separate datazones, including Touch and Abbeyview¹⁸. There were 41 admissions from the postcode areas KY11 2** which corresponds with the town of Rosyth (15 datazones). This suggests a high rate of admission from Rosyth.
- The pattern of admission from these two areas by sex of patient shows little difference from all admissions as a whole. One exception is that slightly more men were admitted from Rosyth. Whilst numbers in sub-groups are small, older men (over 65) are over-represented amongst this group and younger men (15-24 yrs) are under-represented compared with all admissions.
- In KY11 4**, men aged 45-64 years are over-represented and men aged 15-24 years are under-represented. Women aged 35-44 are over-represented; women in the 15-24 years and 25-34 age brackets are admitted to A & E in a similar proportion to women of their age across all postcode sectors.

2.11 This presentation of evidence was designed to inform the development of the work of the FAPP. Previous research has suggested that *“better use of explicit conceptual frameworks to inform the design, implementation and evaluation of programmes would be helpful in understanding what works and what does not.”*¹⁹ Whilst this evidence is partial and does not provide a definitive guide to action, it does suggest a number of factors of relevance to the work of FAPP of which members would need to be aware in making decisions about the programme.

2.12 In summary, at the time it showed that overall alcohol consumption is inversely related to social deprivation, so a focus on the more deprived areas may not address the highest levels of consumption, although targeted interventions need to consider drinking patterns as well as overall levels. It also shows that there are gender distinctions and patterns in consumption and behaviours, so that to be most effective interventions will need to be clearly targeted. Whilst the consumption of alcohol by those under 18 is a major concern amongst FAPP members, in fact, prevalence and frequency of drinking amongst 15 years olds has declined in recent years, although there has been little change amongst 13 year olds. Of course, the harm experienced by those that do drink remains. There are also interesting gender issues for attempts to reduce sales to those under age and for proxy purchase. In relation to a local measure of the severity of the issues, alcohol-related emergency admission is more of an issue in Rosyth than in the wider Touch area, in itself a pattern that may be related to gender, as women are less likely to be admitted than men.

Theories of Change: the development of a logic model

2.13 This evidence, together with local information from Rosyth and Touch reported in sections 4 and 5 below formed the basis for the development of a ‘theory of change’ using logic modelling for each of the pilot areas. A logic model sets out the presumed links between interventions and outcomes, including immediate short-term outcomes and further onward and multiple outcomes, in the intermediate and long-term. This can be a useful process to encourage dialogue about purposes, long and short-term goals, proposed targeting of interventions and agreement about standards of evidence of change.

¹⁸ A datazone normally covers an area with about 600/800 residents.

¹⁹ Betsy Thom and Mariana Bayley, JRF, 2007 quoted above

2.14 This process of refining desired local outcomes in Fife attempted to draw on the work that has been undertaken at a national level by NHS Health Scotland in an effort to ‘short circuit’ some discussions about appropriate local outcomes. The Scotland level model and a series of six ‘nested’ logic models are available elsewhere²⁰. An overview of the models is included in Figure 2.2.

Figure 2.2 NHS Health Scotland Logic Models

Model 1	Model for improving long-term alcohol related outcomes in Scotland	Impact: A culture in which low alcohol consumption is valued and accepted as the norm
Model 2	Support for children in need	Intermediate outcome: More children in need receive timely and appropriate support
Model 3	Achieving safer drinking and wider environments	Intermediate outcome: Safer drinking and wider environments
Model 4	Changing knowledge, skills and attitudes	Intermediate outcomes: a) Increased knowledge and changing attitudes to alcohol and drinking and; b) Reduced acceptability of hazardous drinking & drunkenness
Model 5	Reduced availability of alcohol	Intermediate outcome: Reduced availability of alcohol
Model 6	Reduced affordability of alcohol	Intermediate outcome: Reduced affordability of alcohol
Model 7	Support for individuals in need	Intermediate outcome: Individuals in need receive timely, sensitive and appropriate support dependant on needs

2.15 Some of these models present greater opportunities for local interventions than others. Some focus on the way that mainstream services operate, whilst others require the design of new service level interventions. NHS Health Scotland had analysed the evidence for each of the logic models and flagged up key policy priorities. The discussion documents provided by the evaluation partners to FAPP in June 2009 showed that there was very little firm evidence of effectiveness for most of their proposed local level interventions. However, the usual standard of evidence required (review-level evidence) is a very high one, often drawn from clinical practice. Much evidence that is available also relates to single interventions, evaluated in isolation, rather than multi-component interventions. A ‘lack’ of review level evidence, of course, does not necessarily mean that a potential intervention is not effective.

2.16 Drawing on this work undertaken at national level by NHS Health Scotland and in relation to interventions that might be trialled at a local (rather than national level) within the current national regulatory framework, this reported that:

- a) There is no or a lack of review-level evidence for:

²⁰ These are published on the NHS Health Scotland website
<http://www.healthscotland.com/topics/settings/local-government/SOA-tools.aspx>

- tailored public awareness campaigns (to change behaviour)
- improved substance misuse education in schools to influence behaviours;
- youth work and diversionary opportunities.

b) There is evidence for:

- interactive design, delivery, parental and community involvement (rather than school-based) interventions especially where related to broader substance abuse prevention²¹.
- delivery of alcohol brief interventions in primary care and A & E.

2.17 One of the aims of the FAPP was to trial new interventions; given the lack of firm evidence of effectiveness for most of the proposed interventions, the risk was that any intervention would be seen as reasonable. Whilst some Steering Group members accepted that the evidence base may well be lacking, amongst others there was some discomfort with the apparent disregard of evidence and difficulties in resolving these dilemmas to a middle-ground of what might be thought of as ‘intelligent’ or ‘evolutionary’ design based on existing evidence as a starting point, with on-going evaluation and programme review built in²². These tensions are illustrative of different professional values, cultures and standards. The discussion documents provided to FAPP showed that these dilemmas are acknowledged more widely in policy discussions in Scotland. There are many problematic issues in relation to the use of evidence;

“a good deal of the evidence we would like to have to help guide health improvement action (and, even more strikingly, action to reduce health inequalities) is simply not there to be found”²³.

2.18 One strategy proposed by the evaluators to manage these tensions, drawn from the work of NHS Health Scotland, was that the focus should shift from being evidence-based or even evidence-informed to that of ‘making good decisions in good faith’; these should be rooted within a framework of ethical principles, drawing on available evidence and plausible theory which will include ‘testimony’ based on the experiences and expertise of health and other professionals and communities themselves^{24,25}. The NHS Health Scotland paper on ‘ethical logic modelling’ suggests that it will be desirable for other organisations and partnerships to agree on their own ethical principles, in dialogue with relevant others²⁶. The paper categorises potential ethical principles as follows:

- three fundamental to the main health outcomes pursued by NHS Health Scotland— ‘do good’, ‘do not harm’, ‘equity’
- six to do with how the organisation goes about its business (visible and behind-the-scenes), and linked to ‘intermediate outcomes’—‘respect’, ‘empowerment’, ‘sustainability’, ‘social responsibility’, ‘participation’ and ‘openness’; and
- the principle of ‘accountability’ as a public sector organisation.

²¹ *Effective And Cost-Effective Measures To Reduce Alcohol Misuse In Scotland: An Update To The Literature Review*, Anne Ludbrook, Scottish Executive, May 2004

²² This is our approach to an action research evaluation outlined in the proposal for the evaluation and based on previous work.

²³ Beyond evidence—to ethics: a decision-making framework for health promotion, public health and health improvement, Andrew Tannahill, NHS Health Scotland, Health Promotion International, Oct 2008

²⁴ As above.

²⁵ The evaluation proposal had made a similar argument which was accepted by the commissioning panel.

²⁶ Beyond evidence—to ethics: a decision-making framework for health promotion, public health and health improvement, Andrew Tannahill, Health Promotion International, 2008

- 2.19 The FAPP Steering Group did not respond to this proposal by agreeing an explicit alternative framework for clear decision making. In supporting this process, the evaluation partners made a number of comments on an on-going basis, culminating in a report to the Steering Group in December 2009. Local consultation in Touch in July and September 2009 had served to test out local opinion of FAPP's proposed outcomes. The indicative outcomes were supported but tempered by recognition that, as well as health concerns, there was also an anti-social behaviour or community safety element to the impact of alcohol-related harm in Touch²⁷. By December 2009, there was still no agreement on outcomes, delays in establishing the programme and remaining disagreement about the specifics of the programme in each of the pilot areas.
- 2.20 Steering Group discussions show that FAPP members wished to see behavioural change but struggled to reach agreement on exactly what they meant in relation to alcohol consumption; whose behaviour and what type of behaviour they wished to see changed and over what time period might any change be measureable at individual or population-level. There were also differing policy emphases on health-related change or anti-social behaviour, together with an unresolved issue within the group about whether they felt that all partners could sign up to an overall outcome of reducing alcohol consumption at all. It should be noted that this issue was not articulated clearly at this point by the Steering Group, but became apparent through the review process undertaken in early 2010. The need for clear agreement on intended outcomes for programme design, commissioning and evaluation purposes clashed with a desire within the Steering Group to get activities up and running. Decisions about funding of interventions at this time were made in the absence of this agreement.
- 2.21 The nature of the difficulties of the partnership may be more widely instructive. Some of the proposed diversionary activities under discussion at the Steering Group were resource intensive and led from outwith the community. Despite young people being a key target group for the FAPP in Rosyth, there had been limited consultation with local young people. The proposals that had come from community consultation in Touch during the summer 2009 had also not been given full consideration. There were different views within the Steering Group about whether their goals could be achieved by directly funding interventions alone or whether there also needed to be a 'more catalytic and facilitative approach' bringing in other local partners, many of whom work for organisations who are represented on the FAPP²⁸. The scope and complexity of a programme of this nature is likely to be too vast for the partnership alone working with a single Project Manager. Some of the proposed interventions were seen as not being primarily about alcohol and therefore not within the remit or gift of the FAPP. Some members were concerned about raising expectations about what could be delivered. The provisional logic model did show how such interventions might be part of a small cluster of interventions that work together in a genuinely mutually reinforcing, multi-component programme, but the focus continued to be on the interventions that they were able to fund directly²⁹.
- 2.22 These debates meant that the use of logic modelling to agree outcomes was a protracted process that highlighted issues about use of evidence, communication and partnership structures and processes. Whilst these illustrate specific difficulties faced by the FAPP, there are also more general lessons likely to be of wider applicability. Some of these are discussed here and will also be included in the final evaluation report.

²⁷ See section 5.

²⁸ This 'mainstreaming' issue was highlighted in the scoping report.

²⁹ For example, the Touch community suggested a Door Entry scheme to enhance security in the flats; such a proposal provided an example of where FAPP could be catalytic – drawing on additional monies in response to community views.

The FAPP outcome framework

2.23 Outcomes for FAPP pilot areas were not formally agreed until May 2010, given impetus by the findings of a partnership review process in early 2010. In the meantime, in March 2010, with a year remaining, the FAPP Steering Group agreed to drop the original proposal to work in Dunfermline Town Centre and to identify a rural area.

2.24 Figure 2.3 below shows the agreed long term, intermediate and short-term outcomes for the two pilot areas. The working programmes for each of the pilot areas are detailed in sections 4 and 5.

Figure 2.3 FAPP agreed outcomes in Rosyth and Touch, May 2010

	Rosyth	Touch
High-level outcomes	<ul style="list-style-type: none"> • Reduced alcohol related crime & disorder offences by young people under 18 years 	<ul style="list-style-type: none"> • Reduced impact of alcohol related harm on individuals, families and the community
Intermediate outcomes	<ul style="list-style-type: none"> • Reduced consumption of alcohol by young people under 18 years old 	<ul style="list-style-type: none"> • Greater knowledge of the harmful effects of drinking • Greater adoption of safer drinking patterns and reduced public acceptability of hazardous drinking • Greater perception of safety and security in the home and community
Short-term outcomes	<ul style="list-style-type: none"> • Reduced availability of alcohol for young people (under 18) • Increased knowledge of legal and social responsibility obligations in alcohol off-sales • More positive relationships between Police, retailers, & other stakeholders • Increased refusal to sell alcohol to under 18s or to others supplying them • Reduced demand for alcohol for young people (under 18) • Reduced attempts at proxy purchase • Reduced attempts to buy alcohol (off-sales) by under 18s • Improved public perception of alcohol-related nuisance in the community • Improved public perception of alcohol-related behaviors in the community • Visible and quantified improvements in environmental quality 	<ul style="list-style-type: none"> • More parents & children talk to each other about drinking. • Greater confidence, self-esteem and assertiveness amongst young women • Better management of stress and emotional triggers by drinkers to address underlying causes of drinking. • Greater participation by young men in other activities that don't involve drinking. • Greater dialogue in the community about drinking and health and related harm • Noise and alcohol related disturbances are dealt with more promptly

- 2.25 It is now important that this framework is used to critically appraise each prospective intervention to ensure that all interventions are realistically able to deliver the intended short-term outcomes. In the absence of much evidence of effectiveness, the viability and likelihood of the success of proposed interventions in delivering change will depend on how well targeted they are, the reach in terms of who they work with, the numbers of likely participants in programmes delivered at community level and the ability to link interventions concurrently, sequentially or thematically.
- 2.26 Community consultation is on-going in both Touch and Rosyth and it is worth noting that ideas generated by local communities may offer a better chance of success for limited resource input and may be more innovative by trusting the community to trial something that they say they want. Community-led interventions also offer potential for 'interactive design' (for which there is some evidence of success) and there is a strong argument that interventions developed in collaboration and with the support of local people of all ages stand a better chance of sustainability in the longer term.
- 2.27 Another priority at this stage is for FAPP to more clearly articulate and define its 'spheres of influence'. Given the ambition of the FAPP to achieve long term high-level outcomes which reach beyond the life of the partnership, much of their work in the future will involve influencing other agencies and closer relationships are now needed with high-level decision-makers in the NHS, ADP and Fife Council including Children's Services, Community Learning and Development and Locality Managers. This may have implications for the FAPP Steering Group membership which may need to be widened. A strong mainstreaming strategy which supports and facilitates the efforts of a range of existing services and agencies is potentially more effective and sustainable than one that relies on the ability to secure funding for specific projects. The FAPP outcome framework also needs to be used to demonstrate the links, connections and potential impacts on other agencies' outcomes and the Single Outcome Agreement.
- 2.28 In June 2010, FAPP agreed to extend the life of the partnership for a further limited period. Final agreement of the duration of this extension and resource implications have still to be considered.

3. Further data on drinking behaviours: FAPP survey 2010

- 3.1 A Fife-wide consultative survey was undertaken in January-February 2010 to inform the evaluation of the FAPP programme. This approach provided an opportunity to collect some general and comparative data; it was acknowledged that there would be limitations of the sample design, but it was agreed that it would provide valuable snapshot and contextual data and it is planned to repeat it at a later date³⁰. The survey included a range of questions about alcohol including the respondents' own consumption and sought views about what should happen in Fife to tackle the health, anti-social behaviour and other harm that results from excessive drinking. This section reports on the consumption and health-related issues and concerns about anti-social behaviour at a Fife-wide level. Section 4 reports evidence relating specifically to Rosyth³¹.
- 3.2 Figure 3.1 shows that the survey under-represents those aged less than 34 years old and the very oldest age groups. Fifty-eight percent of respondents were female, so men were also under-represented³². Seven percent indicated that they had a disability and 31% had dependent children living at home with them. Less than 1% of respondents identified themselves as being from a non-white ethnic background.

Figure 3.1: Age of survey respondents

Age group	%	Census 2001
18-24	3%	11%
25-34	12%	17%
35-44	22%	19%
45-54	28%	18%
55-64	20%	14%
65-74	10%	11%
75+	3%	10%
unknown	1%	

Source: FAPP Survey 2010 and Scottish Census 2001

- 3.3 Ninety-four percent of women and 93% of male respondents in the FAPP survey identified themselves as current drinkers. Figure 3.2 below shows that over a third of men and just under a fifth of women drink on three or more days a week³³.

³⁰ The survey was largely web-based, although questionnaires were also sent to members of the People's Panel in the FAPP pilot areas of Touch and Rosyth. A total of 600 responses were received, the highest ever for a Fife-Direct Survey. Nearly three-fifths of survey respondents were members of the People's Panel.

³¹ The sample size is too small to report for Touch.

³² Females comprise 52% of the total population of Fife (2001 Census).

³³ This is strikingly similar to the equivalent figures in the 2003 Scottish Health Survey - note this is not reported in the same way in the SHes 2008.

Figure 3.2: Frequency of drinking behaviours Fife-wide and comparisons with Scottish Health Survey data

How often do <u>you</u> drink alcohol?	Fife-wide Men	Fife-wide Women	SHeS Men (2003)	SHeS Women (2003)
Almost every day	9%	4%	14%	8%
5-6 days a week	4%	2%	5%	3%
3-4 days a week	22%	13%	16%	11%
<i>Sub-total: drinks on 3+ days a week</i>	35%	19%	35%	22%
Once or twice a week	34%	34%	35%	30%
Once or twice a month	14%	23%	12%	17%
Once every couple of months	8%	15%	5%	8%
Less than every couple of months	3%	4%	5%	10%
Never drinks or ex-drinker	8%	6%	8%	13%

Source: FAPP survey 2010 and SheS (2003)

- 3.4 Figure 3.3 shows the incidence of problematic drinking behaviours using the original four CAGE indicators³⁴. These show striking similarities with the SHeS data for 2008. Nine percent of women respondents and 14% of male respondents have two or more of the problematic drinking behaviours; a strikingly similar proportion to the SHeS 2008 survey. The term ‘problematic drinking’ is most commonly used where there are two positive statements on CAGE; on this basis around one in ten women and one in seven men in the FAPP survey have some form of problematic drinking behaviour.

Figure 3.3: Incidence of problematic drinking behaviours

% of current drinkers saying yes (CAGE indicators)	Femal	Male	SHeS Female (2008)	SHeS Male (2008)
Ever thought you should cut down on your drinking	22%	30%	21%	28%
Ever felt annoyed by others criticising your drinking	4%	8%	5%	9%
Ever felt bad or guilty about your drinking	7%	12%	7%	10%
Ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?	2%	3%	1%	5%
Sub-totals: % of current drinkers				
2+ problems	9%	14%	11%	16%
1 problem	14%	21%	18%	20%
0 problems	77%	66%	71%	63%

Source: FAPP survey 2010 and SHeS (2008)

- 3.5 Quotes from Rosyth are used in section 4 below to illuminate the issues for the chosen pilot area, but it is clear that the issues are not confined to Rosyth. Rowdy behaviour as a result of drunkenness; young people under 18 purchasing alcohol in local shops and take-aways and adults buying alcohol on their behalf; intimidation or harassment due to drunkenness or due to a desire to obtain alcohol; and vandalism, graffiti or other deliberate damage to cars or other property as a result of drunkenness are all issues across Fife. This is a selection of quotes from elsewhere in Fife.

³⁴ CAGE is a four item set of questions designed to indicate whether a person might have an alcohol problem or be alcohol dependent. Two or more positive answers to the four questions suggests dependence. The SHeS 2008 used a six item CAGE to also indicate physical dependency. However, the FAPP survey used the original four item questions.

"I live near the Town Park. The young people gather there from Friday tea-time and Saturday during the day and the evening..... This is a known venue for under-age drinking. The litter they leave behind is appalling as they congregate where the skateboard ramps are and the children's play area, which they then leave covered in broken glass and litter. It can also be quite intimidating if you are passing these places whilst returning from work or out walking." (Glenrothes)

"Alcohol is still being sold to underage children by shop keepers." (Cowdenbeath)

"Adults who should know better are buying alcohol for underage drinkers, from local corner shops. The police used to move young folk on, who were drunk. The police don't seem to be on the streets now when they would catch young people causing trouble when the corner shops close." (Ballingry)

"The problem areas for alcohol misuse are commonly linked to the proximity of off-sale premises. As with cigarettes, a child/person can walk into almost any store and have alcohol directly in their eye-line at the counter. This sends out a message that is contrary to everything any leaflets etc are trying to promote and should be changed/reviewed." (Dalgety Bay)

3.6 The issues raised are not always about off-sales or young people:

"While I have had no problems with neighbours, I live near to the [name of bar] in Kincardine. I have witnessed violence and suffered from the effects of noise sometimes from the clientele, but more often from the loud music which comes from the bar most weekends. Despite frequent complaints to the Police nothing has changed." (Kincardine)

"We live close to pubs so noisy people in the street have probably been in pubs, not drinking on the street. However, my car has been vandalised four times in seven years (expensive repairs) plus wipers are routinely lifted etc." (Dunfermline)

3.7 There is also recognition of the underlying causes of some of the issues:

"It is all normally quiet in our area, as we're on edge of village with no entertainment and only one pub, largely a restaurant. But, equally there is nothing for youth to do and they are isolated by poor transport. They can amuse themselves by supping in the alleyways as witnessed by the empty cans and bottles. The main problem is groups of inebriated youth from the neighbouring village who rampage from time to time out of boredom." (Culross)

"I would like to see more efforts made to tackle the problem of youngsters having nothing to do and nowhere to go in the evening. If there was a better alternative to just hanging out, it should encourage less alcohol misuse." (Aberdour)

3.8 There were also comments on the perceived underlying premises of the work of FAPP which illustrate the breadth and complexity of the issues:

"I think this survey is targeting misuse, and at that level, a hard core group. However what you also need to establish is the social issue underlying that, those that will not feature that strongly or heavily here, but that for instance go to the pub twice a week, or get 'rat faced' once a week, but that this survey will not pick up. It is these groups that are larger, and these

groups that need to have a strategy developed for that will prevent them from moving to the extreme levels you are surveying and establishing now.” (Torryburn)

“Why do you not ask about the number of premises locally which sell alcohol for home consumption or otherwise? Alcohol is too readily available in this country.” (Dunfermline)

“It's an issue for everyone not just the stereotypical younger adults in the pubs at the weekend - stressed parents, lonely people, bored people, people who hate their job, many people!” (Markinch)

“In rural areas it tends to be hidden but I suspect health workers eg doctors, ambulance crews and police will know who requires repeated attention. Policy is fine for large groups but the core issue I believe is mostly at the individual level and you need intervention to support those individuals who require a disproportionate amount of emergency services time - not just the ones/groups causing a nuisance. The survey seems to look for support/evidence for larger interventions which may be a more apparent problem in urban areas.” (Dairsie)

“Everybody I know drinks alcohol and young people are no exception. Until we change our attitudes and behaviour as a society, it will be an uphill battle.” (Gauldry)

- 3.9 These findings suggest that the public profile of alcohol-related crime and disorder is high across Fife. The survey illustrates that some of those concerned about the impact of alcohol on communities are also, themselves, exhibiting potentially problematic drinking behaviours. This highlights the importance of a coherent and integrated or holistic approach; not seeing those with problematic drinking behaviours as a separate group from those with concerns about the impact of alcohol-related harm on their own community. Interventions that acknowledge and work with these two aspects of the issue could potentially be innovative and powerful.

4. Rosyth: background and key issues – the evidence base

- 4.1 Rosyth was adopted as a pilot area on the basis of a recommendation from the Scoping Report. Rosyth has a population of 12,000, a similar size to that of Cowdenbeath and St Andrews. Rosyth was deemed to be the most suitable as a pilot site, as it met the criteria for selection and there was a *'very positive response from key individuals and from sections of the Rosyth community for the potential opportunity to work in their community'*. The Scoping Report identified local alcohol related issues of concern as:
- Underage drinking
 - Large groups of young people drinking outdoors
 - Large groups of young people involved in antisocial behaviour
 - Daytime drinking
 - Proxy purchase
 - Alcohol being delivered with take-away food.
- 4.2 These issues were acknowledged not to be confined to Rosyth, but it was considered that Rosyth provided an opportunity to learn from interventions that could be transferred across over 30 towns of similar size across Scotland.

Rosyth: the current picture

- 4.3 To establish a baseline, this report is able to draw on a number of sources of evidence to build up a current picture of the alcohol-related issues in Rosyth. This review of evidence has been used in efforts to inform the design of the interventions within Rosyth and also provides a basis against which the ultimate success of the programme can be evaluated.
- 4.4 The scoping report acknowledged that the original choice of Rosyth was not based on extensive community consultation. However, more recent analysis of these different forms of evidence and local opinion does endorse the choice of Rosyth as a suitable pilot area.

Health-related evidence of need

- 4.5 None of the fifteen datazones of Rosyth are in the Scottish Index of Multiple Deprivation (SIMD) top 20% for 2009. However, Figure 4.1 shows that seven of the Rosyth datazones have higher hospital admission rates for alcohol-related episodes compared to the population of Scotland³⁵. There is a fair degree of variation within the town in relation to the degree of deprivation, although there is a relationship between those datazones ranked amongst the worst 40% in Scotland in terms of multiple deprivation and higher rates of admission to hospital for alcohol related episodes.

³⁵ Note there is no equivalent standardised ratio for Fife as a whole.

Figure 4.1: Rosyth datazones showing SIMD ranking hospital episodes relating to alcohol.

Name of datazone	Name of interzone	SIMD 2009 Rank	SIMD 2009 Quintile ^a	Standardised Hospital Admission Ratios: related to Alcohol use (ISD, 2004-2007) ^b
Rosyth Kings South	Rosyth Central	1749	2	117
Rosyth Wilderness East	Rosyth East	2419	2	112
Pettiesmuir	Rosyth South	3063	3	110
Admiralty South	Rosyth Central	2085	2	107
Rosyth Pease Hill East	Rosyth South	2678	3	106
Rosyth Dockyard & Castle	Rosyth South	2813	3	105
Admiralty South East	Rosyth Central	1991	2	104
Admiralty South West	Rosyth Central	2194	2	93
Rosyth Kings North	Rosyth North	3167	3	91
Rosyth Camdean	Rosyth North	3116	3	77
Rosyth Pease Hill West	Rosyth South	3549	3	75
Admiralty North	Rosyth East	2479	2	71
Admiralty Central	Rosyth Central	3181	3	53
Rosyth Kings East	Rosyth East	3662	3	52
Rosyth Wilderness North	Rosyth East	3657	3	51
Admiralty North East	Rosyth East	2871	3	44
Dunfermline Business Park	Rosyth North	3723	3	40

^a Note 1=most deprived, 5=least deprived.

^b These are indirectly standardised ratios of observed to expected admissions to acute hospitals in Scotland with a diagnosis of alcohol related conditions both sexes, all ages. Figures exclude discharges relating to transfers within hospital and to other hospitals. The year shown refers to the year of discharge from hospital. Each ratio is relative to Scotland which takes the value of 100; for example, a value larger than 100 means the datazone has a higher admission rate for alcohol related episodes compared to the reference population (Scotland).

4.6 Figures 4.2a and 4.2b show that general acute inpatient hospital stays with an alcohol-related diagnosis have increased year on year across Fife between 2003/04 and 2007/08³⁶. The trend for Rosyth is similar to Fife as a whole up to 2005-06, with later increases above those for Fife. The Rosyth figures in Figure 4.2a show considerable differences between men and women; for men the rate of increase is 148% overall although the figures reached a numerical peak for both men and women in 2006/07. Over the period 2003-2007 there were a total of 28 alcohol-related deaths in Rosyth³⁷. The figures for age groups suggest that those aged 40 years old and over consistently make up the largest group of admissions³⁸.

4.7 Figure 4.3 shows the specific diagnosis for 2007-08, including mental and behavioural disorders, alcoholic liver disease and the toxic effect of alcohol.

³⁶ These are the latest available figures and will be updated for the final report.

³⁷ Where there was any mention of alcohol. There were 609 in the whole of Fife. ISD figures.

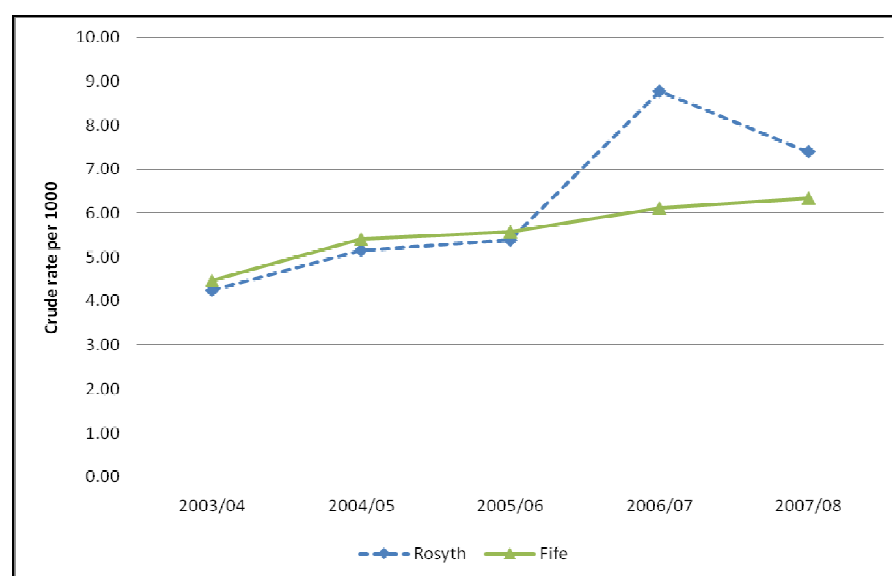
³⁸ There is a need for caution in interpreting these figures; the rates are crude population rates and numbers are small, however they do show important gender differences.

Figure 4.2a: General acute inpatient stays with an alcohol-related diagnosis in any position by gender and age, 2003/04 to 2007/08 and emergency admissions 2007/08³⁹

	2003/04	2004/05	2005/06	2006/07	2007/08	Overall change %
Fife	1571	1918	1989	2194	2285	
Fife: crude rates per 1000 population	4.46	5.41	5.58	6.11	6.34	
CI (95%)	(4.24-4.68)	(5.17-5.65)	(5.33-5.83)	(5.86-6.37)	(6.08-6.60)	
Rosyth						
Both Sexes	53	65	69	114	96	81%
Male	27	40	39	74	67	148%
Female	26	25	30	40	29	12%
Rosyth – both sexes: crude rates per 1000 population	4.25	5.16	5.39	8.77	7.40	
CI (95%)	(3.21-5.53)	(3.97-6.59)	(4.22-6.80)	(7.16-10.39)	(6.09-9.09)	
Rosyth						
All Ages	53	65	69	114	96	
Under 25yrs	*	*	16	*	14	
25-39yrs	*	*	10	*	24	
40yrs and over	41	43	43	85	58	
Rosyth						
Emergency admissions					89	
CI (95%)					(71-110)	

Source: ISD Scotland (SMR01) January 2010. * Not shown to prevent disclosure of small numbers.

Figure 4.2b: General acute inpatient stays with an alcohol-related diagnosis, all sexes and ages 2003/04 to 2007/08 (Crude Population Rates)



³⁹ Population figures are GROS Mid-Year Population Estimates for each year for datazones.

Figure 4.3: General acute inpatient stay with an alcohol-related diagnosis in any position by specific diagnosis, 2007/08

	All Alcohol related conditions	Mental & Behavioural Disorders due to the use of alcohol	Alcoholic Liver Disease	Toxic Effect of Alcohol
Rosyth	96	39	15	20
Fife totals	2263	1164	387	444

- 4.8 Fife Alcohol Support Services (FASS) provides a free Fife-wide alcohol counselling service for individuals and family affected by alcohol problems. Figures provided by FASS show that, in 2008-09 over half of their clients come from the Dunfermline and West Fife CHP area. Of these there were a total of 31 referrals from Rosyth, or 3.8% of the total Fife-wide clients in that year⁴⁰. 55% of these referrals were men. The average age of the men was 38 years; women were slightly older with an average age of 48 years.
- 4.9 These health data show the importance of alcohol-related health issues in Rosyth. Whilst there are issues for young people and women, the starkest figures are for older men. There are implications for FAPP in relation to the choice of the most appropriate target group for interventions in Rosyth. At present, FAPP appear to be most interested in an anti-social behaviour agenda in Rosyth, targeting young people under 18. This might be seen as an 'early intervention' health strategy, although the current health data suggests that the immediate health issues are not for young people, but their parents and grandparents. It is worth noting that at least some of those being admitted for conditions such as alcoholic liver disease are likely to be alcohol dependent and it may be thought that such individuals will simply not react to community interventions and therefore should not be the target group for this type of project. However, a health agenda and an anti-social behaviour agenda may not be mutually exclusive, if interventions primarily targeting young people also seek to bring in their parents and wider communities.

Evidence about anti-social behaviour

- 4.10 Evidence about anti-social behaviour (ASB) offences has been made available to the FAPP for Rosyth, South-West Fife and Fife as a whole. These crime-based figures have a number of limitations in measuring change, as they can be affected by changes in Police operational and recording practices. In using these figures to evaluate the impact of the FAPP programme, the views of local stakeholders responsible for delivery of the programme in Rosyth will be necessary to enable reliable interpretation of trends in figures for Rosyth and the wider Fife area.
- 4.11 Anti-social behaviour statistics for Rosyth, South-West Fife⁴¹ and all Fife show that total offences have fallen across Fife between 2008 and 2009. Figure 4.4a shows crude population rates based on all anti-social behaviour offences for 2008 by area and percentage change between 2008 and 2009. Figure 4.4b shows that the crude rate is higher in Rosyth than the surrounding South West Fife area, but lower than for Fife as a whole. The percentage fall in offences in Rosyth, at 8%, has been slightly lower than in the larger South-West Fife area and than for Fife as a whole.

⁴⁰ All were referring for their own problems with alcohol.

⁴¹ This covers the coastal area from Aberdour to Kincardine, Dalgety Bay, Rosyth and the rural area to the west and north-west of Dunfermline.

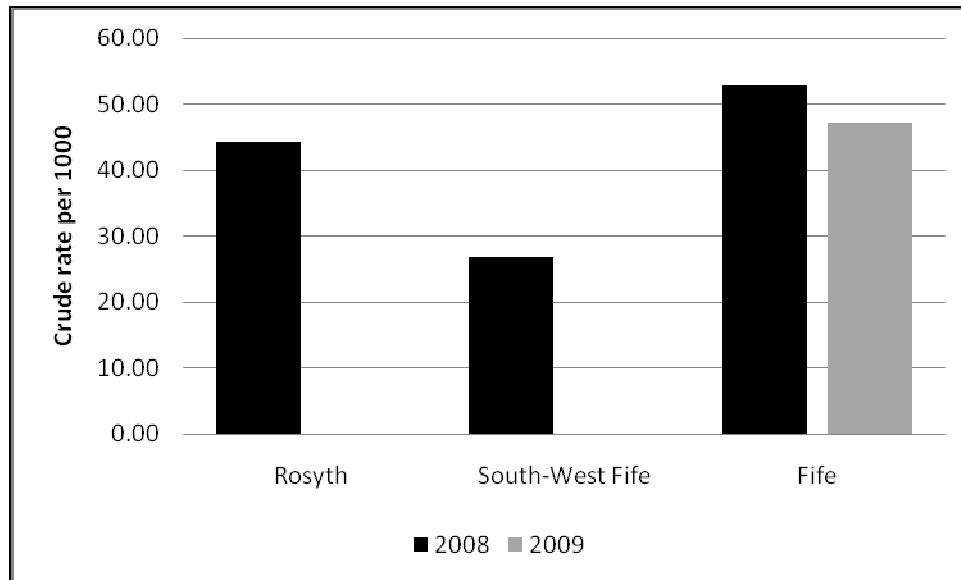
Figure 4.4a Annual Anti Social Behaviour Offences, 2008 and 2009 by area

Annual ASB	Rosyth	SWF	Fife
2008 detected	433	1199	14314
2008 undetected	137	365	4786
Total 2008	570	1564	19100
<i>Crude rate per 1000</i>	44.25	31.56	52.78
2009 detected	365	928	12627
2009 undetected	157	402	4530
Total 2009	522	1330	17157
<i>Crude rate per 1000</i>	n/a	n/a	47.20
<i>% change all ASB 2008-2009</i>	-8%	-15%	-10%

Source: Fife Constabulary, Detected and undetected (unsolved) offences

NB: Crude rates calculated using GROS mid-year population estimates. Population estimates for 2009 for small areas are not yet available.

Figure 4.4b Annual Anti Social Behaviour Offences - Crude Population Rates per 1000 2008 and 2009 by area



4.12 The Police suggest that most anti-social behaviour is alcohol related, however, the only formal category that directly identifies alcohol as an issue is drinking in public places⁴². Figure 4.5 shows that there were eight such offences reported in Rosyth in 2009, a decline of 64% on the previous year's total of 20. The Fife-wide figure also declined over the same period by 37%.

⁴² There may be other indicators, for example, the amount of alcohol seized by the Police, although this may not be reported at such a small local level.

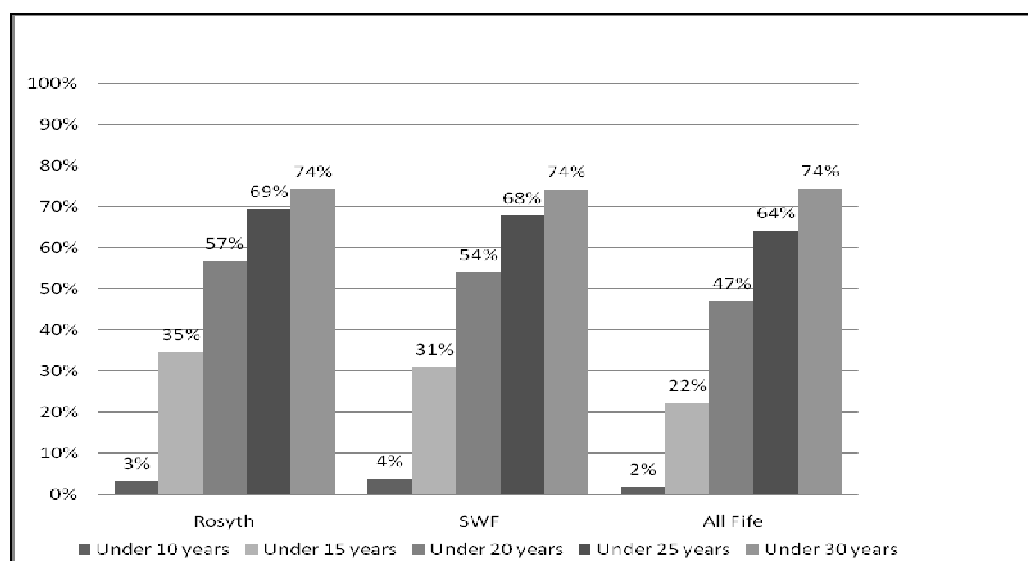
Figure 4.5: Total Anti-Social Behaviour: all offences by type; Rosyth 2008 and 2009

	2008		2009		Annual % change
	No	%	No	%	
Breach of the peace	166	29%	116	22%	-30%
Vandalism & malicious mischief	211	37%	262	50%	24%
Drinking in public places	22	4%	8	2%	-64%
Urinating/defecating	5	1%	1	0%	-80%
Wilful fire-raising	5	1%	9	2%	80%
Petty assault	161	28%	126	24%	-22%
Total ASB	570	100%	522	100%	-8%

Source: Fife Constabulary, Detected and undetected offences

4.13 Figure 4.6 shows detected ASB offences by age categories on an area basis. This shows that of all ASB offences in Rosyth in 2009, 35% were committed by those aged under 15 years old. This is a slightly greater proportion than for the rest of South West Fife and for Fife as a whole, where the figures are 31% and 22% respectively. Fifty-seven percent of all detected ASB offences in Rosyth were committed by those aged less than 20 years old; again a slightly higher figure than for the larger areas⁴³.

Figure 4.6: Anti-Social Behaviour Detected Offences by age and area 2009: cumulative %



Source: Fife Constabulary

4.14 Police statistics for test purchasing, show that between January 2008 and October 2009, a total of 40 test purchases were made in the whole of Fife, of which 5 were in Rosyth; the rate of failure is not known. Later figures provided show that for the whole of Dunfermline, 22 test purchases were conducted between January and April 2010, of which three failed⁴⁴.

⁴³ Such an age effect might be expected due to the more local focus of younger people.

⁴⁴ 19 off-sales tested with 3 failures and 3 on-sales tested. For the wider South West Fife area, there were 6 off-sales tests conducted with no failures.

Community views of local issues

- 4.15 The FAPP survey provides some useful contextual data and allows a comparison of Rosyth with the rest of Fife⁴⁵. Figure 4.7 shows reports of personal experience of a range of alcohol-related issues in the community and shows a similar pattern of incidence and comparative experience in Rosyth and elsewhere in Fife. Across Fife, the most common issue is the environmental impact of rubbish or litter lying around from people drinking alcohol outside.
- 4.16 Although there is a relatively small sample size and results must be treated with caution, the survey does illuminate local perceptions of issues. On 12 of 13 indicators, the prevalence of the issues appears are higher in Rosyth than elsewhere in Fife, although the ranking of the issues is largely the same. One exception is that in Rosyth, groups or individuals intimidating or harassing others due to a desire to obtain alcohol is ranked as the sixth most common issue, compared to the ninth elsewhere (where noisy neighbours or regular loud parties at night rank more highly). In Rosyth, over two-thirds of survey respondents report personal experience of rubbish or litter lying around resulting from people drinking alcohol outside and nearly half have experience of rowdy behaviour as a result of drunkenness. All the behaviours associated with under-age purchase or proxy purchase of alcohol appear to be more prevalent in Rosyth than elsewhere in Fife.

Figure 4.7: Personal experience of alcohol-related issues

Which of these issues have you any <u>personal experience</u> of in your neighbourhood in the past 12 months? <i>% saying has happened frequently or more than once</i>	All Fife (N=600)	Rosyth (N=43)
Rubbish or litter lying around resulting from people drinking alcohol outside	47%	67% (29)
Rowdy behaviour as a result of drunkenness	34%	47% (20)
Young people under 18 purchasing alcohol in local shops and take-aways.	24%	42% (18)
Adults buying alcohol in local shops and take-aways for young people under 18	22%	37% (16)
Harassment or intimidation of other local people in the street by drunk people	17%	37% (16)
Groups or individuals intimidating or harassing others due to a desire to obtain alcohol	13%	33% (14)
Noisy neighbours or regular loud parties at night	21%	30% (13)
Groups or individuals intimidating or harassing others as a result of drunkenness	17%	30% (13)
Vandalism, graffiti or other deliberate damage to cars or other property as a result of drunkenness	17%	28% (12)
Physical harm to others in the street caused by drunkenness	8%	12% (5)
Noisy neighbours or regular loud parties during the day	8%	9% (4)
Accidents and physical harm to people who have been drinking excessively	9%	7% (3)
Physical harm to family members in the home caused by drunkenness	4%	5% (2)

Source: FAPP Fife Direct and People's Panel Survey January 2010

⁴⁵ There are 43 responses from Rosyth.

- 4.17 Quotes from Rosyth have been used here to illuminate the issues for the chosen pilot area, but it is clear that the issues are not confined to Rosyth, as discussed in section 3.

“Although we don't get a lot of disturbance in our street I have found that a lot of youths gather outside the Rosyth library at night and cause vandalism - leave broken glass and litter all over the place. Everytime I have walked through that area there has been broken glass everywhere. I am sure that other areas in Rosyth have the same problem.” (Rosyth)

“I have family members who have been the victims of assault due to crowds of teenagers drinking to excess” (Rosyth)

“When I first moved into Peasehill Rd young people from the Sherbrooke area would come through carrying bottles and collecting behind the Lexmark factory, drinking on summer evenings. Later I think some of the young were from Peasehill. This has stopped, maybe only temporarily?” (Rosyth)

“[... incidents of groups of youngsters gathering together and drinking alcohol]. It has been quiet of late but at one time it was happening on a weekly basis at a play park near me. I called the police on a number of occasions.” (Rosyth)

- 4.18 It is worth noting that of the 18 people in Rosyth who reported personal experience of young people under 18 years old purchasing alcohol in local shops and take-aways, five say they did report it. Of the 16 people who reported personal experience of adults buying alcohol for young people, three say they reported it. These comments suggest that local people are clear about where the issues are and that there is a need for FAPP to explicitly encourage reporting to the Police:

“Kids hang around certain shops which all seem to have a few common factors. They are open at all hours and they sell cheap alcohol. Anyone can see the gangs outside these shops and its obvious why they are there.” (Rosyth)

“I constantly report a shop in my area and nothing gets done. I have reported the smashing of bottles a number of times and I end up cleaning it up myself as my dog often cuts itself on this.” (Rosyth)

- 4.19 Figure 4.8 reports on the sales and purchasing of alcohol and shows the salience of these issues across Fife⁴⁶. About a quarter of people surveyed across Fife have been asked to buy alcohol from a shop or take-away by young people under 18; this figure rises to a third in Rosyth. Whilst sample numbers are small, it does show that the issue of adults being asked to buy alcohol on behalf of young people is a local issue, whether or not they refuse to do so.

⁴⁶ Note that younger age groups are under-represented in the Rosyth sample so data on the refusal to sell to or serve someone who may be under 18 is not reliable at this level.

Figure 4.8: Incidence of purchasing and supply

Please say whether any of the following have happened to you in the last year in Fife:	All Fife (N=600)	Rosyth (N=43)
<i>Number saying has happened once or more often</i>		
Been asked to buy alcohol from a shop or take-away by young people under 18	142 (24%)	14 (33%)
Refused to buy alcohol from a shop or take-away when asked by young people under 18	143 (24%)	12 (28%)
Been refused to be sold alcohol in a shop or by a take-away because I looked under 18	29 (5%)	*
Bought alcohol in a shop or take away for my own children or relatives under 18	22 (4%)	*
Been refused to be sold alcohol in pub or club because I looked under 18	15 (3%)	*
Been refused to be sold alcohol in a shop or take-away because it was suspected to be for someone under 18	11 (2%)	*
Bought alcohol on behalf of other young people under 18 in a shop or take away	*	0

Source: FAPP Fife Direct and People's Panel Survey January 2010 *small numbers

- 4.20 This evidence suggests that there is support for the work of FAPP in Rosyth and also ideas for interventions. Specific comments on what they would like to see change include a number of different enforcement strategies, but also counselling and family support:

"I would limit the number of licences awarded and be much stricter on shops who are caught out. I would like to see more police patrols after 11pm - especially near pubs and clubs and in problem areas." (Rosyth)

"[I'd liked to see]more police on the beat. Ban on takeaways selling alcohol. I have seen under age people buy in takeaways then get drunk and return to where they bought alcohol and abuse the people who served them." (Rosyth)

"Publicans and the police should be tougher. I think age should be 21 in pubs and 25 in clubs. Prices should be higher - no more 2 for 1 or larger measures. Clamp down on shops selling it to under 18 - perhaps go like USA where they have off licenses only selling it?" (Rosyth)

"Any person drinking alcohol in a public place should have it confiscated and that person should be fined. Ban too under 21s to access for alcohol and licensee should lose their licence for at least 1 year." (Rosyth)

"No selling to anyone under 21 and if a shop is reported their license should be taken away for good not just for 14 days! This does not stop the problem!" (Rosyth)

"Look at the backgrounds of young people who regularly drink to excess - work with their families, peers etc - telling them it's wrong, or how many units is in a drink is not enough - it's a way of life for many young people because it's what they have seen their whole lives." (Rosyth)

"....education, drinking in moderation, more readily available advice and support for youths who drink regularly, mandatory alcohol counselling for anyone who causes harm through alcohol misuse, more community officers relating to youngsters drinking in the street." (Rosyth)

“Stop making alcohol a pleasant form of recreation. Alcohol is a virulent poison and should be marketed as such.” (Rosyth)

The views of the Police in Rosyth

- 4.21 A walkabout with local Police Officers in December 2009 highlighted their perspectives and some of successful strategies. They reported that they have been increasing patrols and doing test purchasing⁴⁷. Police report that the ability to use ASBO fixed penalties has made a difference and that foot patrols are also effective.
- 4.22 They reported that Friday night tends to be the busiest, although the weather can make a difference. They are aware of the ‘hot spots’ for proxy purchase and their comments shed some light on the pattern and nature of the issues. Some of those purchasing alcohol are not actually under-age, although maybe supplying alcohol to those that are, underlining the importance of an effective proxy purchase campaign. They suggest that the situation is fluid; change is happening all the time, making it difficult to establish a clear picture of the issues ‘before’ the FAPP interventions. At a Rosyth Alcohol Partnership meeting in October 2009, the Police reported that young people had started to disperse as a result of Police operations and that there was no longer one particular place that young people gathered; *‘three years ago Rosyth was alot worse – it was a gathering place for [young people] from across Fife.’*

The views of young people

- 4.23 There are little data on the views of young people in Rosyth and they are under-represented in the FAPP survey. There has been limited direct engagement between FAPP and young people, although Fife Council *Community Learning and Development* youth workers do have contact with local young people and are part of the Rosyth Alcohol Partnership group. FAPP have hired the *Revolution Bus* on two occasions as a way of engaging with young people. The bus is a partnership between Fife Council, Stagecoach and Fife Constabulary. It is a refurbished single-decker bus aimed mostly at young people of secondary school age. Inside there are plasma TV’s, computers, games consoles, comfortable seating areas and a private, separate consultation room.
- 4.24 The first occasion was in October 2009 as part of *Alcohol Awareness Week*. The bus was supported by the FAPP Project Manager, a local centre-based youth worker and two detached youth workers who work in the area, with a specialist (drugs & alcohol) detached youth worker from elsewhere in Fife. The bus attracted a small number of local young people, some of whom were known to the Police who were present. Some had been drinking. Informal feedback suggests that although some of the young people liked the bus and the activities on it, others are not interested and perhaps use the opportunity to brag about drinking. The Police said they were surprised to see some of them on the bus because it would not *‘be cool’*. On the bus, the young people took part in light painting and played around with beer goggles (which simulate being drunk). One young woman who has been involved in alcohol-awareness related activities with the youth workers at ‘The Shack’ acted as a roving reporter on her own initiative and asked some of the young people and professionals on board their views. The data reported in Figure 4.9 shows that at least some of the young people liked the bus and the activities on it, but that others are not interested and perhaps use the opportunity to brag about drinking.

⁴⁷ Although figures are not available for Rosyth.

Figure 4.9: The views of young people in Rosyth, Oct 2009

<p>Young woman Aged 15 Do you think the bus is a good idea? <i>Yeah.</i> Do you think it gets young adults off the streets? <i>Yes.</i> How much do you drink on a weekend? <i>Enough!!</i> What do you drink? <i>Cider, vodka, that's it really</i> (giggles). Do you think the bus is fun? <i>Yeah.</i> Do you think it's a fun way of learning? <i>Yeah.</i></p>	<p>Young man Aged 15 What do you think of the bus? The bus is good. Do you think it should come back? <i>Definitely.</i> What have you been doing on the bus? Looking at drugs, playing the Wii and PS2, drawing with the flash light on a camera.</p>	<p>Young man Aged 15 What do you think about drinking? <i>Just whatever.</i> Do you think it's a disgrace for young people to drink? <i>Na, it's up to them.</i> Do you like the bus? <i>Aye, it's alright.</i> Would you like it to come back? <i>Aye.</i> Best bit about the bus? <i>Video games.</i></p>
<p>Young man, age unknown What do you think of the bus? <i>I think it's cool as anyhin'.</i> Would you come here regular? <i>Aye, if a was a bit younger.</i> How much alcohol do you drink in a day? <i>Not a lot.</i> How much alcohol do you drink on a weekend? <i>Aboot...</i> What's your average? <i>Abooooot..... 18 units.</i> Do you know that is really bad for someone of your age? <i>Yeah, I know it's bad, but you need to join in with everyone eh!!</i> What do you drink? <i>Anyhin'</i> What do you drink mostly? <i>Beer!</i> How many beers? Do you buy a crate? <i>Aye.</i> On a weekend? <i>Aye.</i> Do you enjoy drinking? <i>Drinkin's quality, you should ken that yersel</i> Do you think you could have a good time without drink? <i>Nut!!</i></p>	<p>Young woman Aged 15 Do you think the bus is good? <i>Yeah.</i> What is the best part about it? <i>Beer goggles!!</i> Do you think the drug course has been entertaining? Yeah, because I'm learning about drugs that I didn't know existed. Do you think it is good information? <i>Yeah.</i> What do you think could improve it? <i>More beer goggles!!</i> Do you think the art is good outside? <i>Yeah, it's really cool.</i></p>	<p>Young man, age unknown Do you think the bus is good? <i>Do I F**k</i> Do you think it should come back? <i>No, it's no welcome in Rosyth</i> Do you think it has been fun? <i>No!</i></p>

Sourced by a young woman from Rosyth aged 14.

- 4.25 In May 2010, the bus revisited the area. On this occasion, thirteen survey forms were completed by young people between the ages of 13-18 years, seven boys and six girls, of whom all but one live in Rosyth⁴⁸. Of these, twelve said they had ever had a proper alcoholic drink. Six said that they had ever bought alcohol for themselves or their friends; four of these claimed to have bought alcohol from a local shop in Rosyth. Eleven claimed that someone else had ever bought alcohol for them; the most frequently mentioned people to do this were older friends or someone they asked to buy it for them outside a shop. Suggestions made as to what would help young people in Rosyth to stay away from drinking alcohol or to drink less were for the bus to come more often, more recreation including football, street dancing and *'something better to do at the weekends'*. One 16 year old boy suggested shutting the shops earlier at 8pm and that drugs were more of a problem than drink.

⁴⁸ As before some responses show signs of bravado and need to be treated with caution.

- 4.26 Further consultative research involving young people is planned for the end of August 2010 to evaluate the FAPP programme.

The FAPP programme in Rosyth

- 4.27 In Rosyth, FAPP have chosen to target alcohol-related crime and disorder by young people under 18 years of age. Key agreed outcomes and provisional interventions for Rosyth are detailed in Figure 4.10. These show a three-pronged approach to reduce consumption of alcohol by young people aged under-18 by tackling availability of alcohol for young people, reducing demand for alcohol by young people and improving broader public perceptions of alcohol related nuisance in the community.
- 4.28 Figure 4.10 shows the short-term outcomes for FAPP interventions including those primarily the responsibility of key partner agencies or services, as agreed by the Steering Group in June 2010. Some of these interventions are still provisional and subject to funding decisions or discussion with key partners.

Community Alcohol Partnership (CAP)

- 4.29 The main component of the programme is the Community Alcohol Partnership (CAP). The CAP is based on the model piloted in St Neots in Cambridgeshire in 2007 by the *Retail of Alcohol Standards Group* (RASG) and Cambridgeshire Trading Standards⁴⁹. This is based on a combined approach to tackling education, enforcement and public perceptions by bringing together police, local retailers, schools and the community to tackle underage drinking and address related problems such as anti-social behaviour and crime. The St Neots CAP was evaluated internally by Police and Trading Standards officers. The results of this approach were noted to be decreases in anti-social behaviour incidents, under-age people found in possession of alcohol and alcohol-related litter at key hot spot areas. Advice for other areas wishing to adopt a similar approach notes the need for equal priority for the three areas of action:

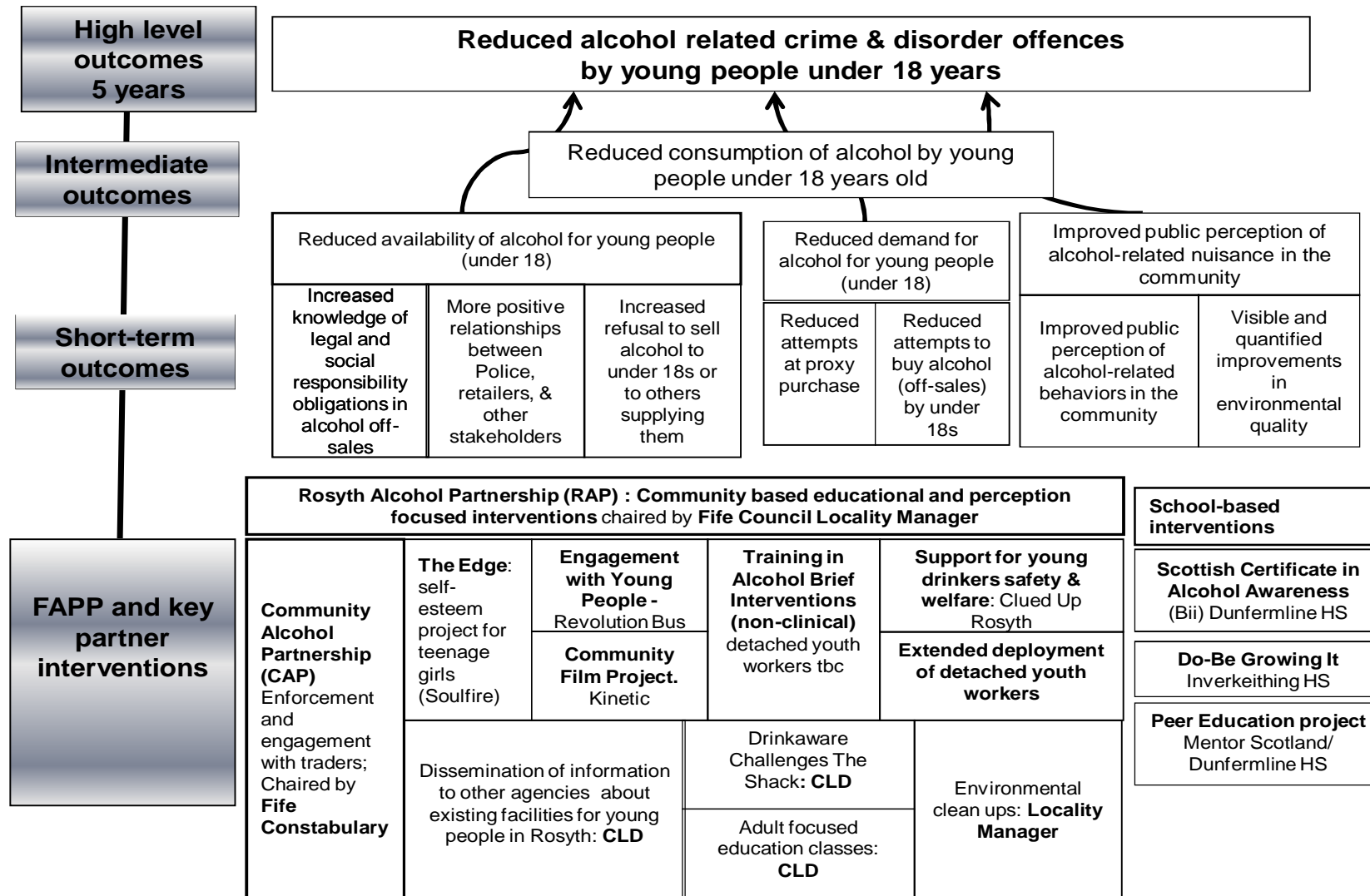
“There are three key areas which together will help to drive cultural change. These are Education, Public Perception and Enforcement. All three strands require equal priority in planning change in order to ensure that there is buy-in across all groups and that new priorities are properly understood.”⁵⁰

- 4.30 The CAP commenced in June 2009 with support from the *Wine and Spirit Trade Association* (WSTA). It primarily focuses on enforcement activities, including test purchasing, proxy purchase and training and liaison with local traders.

⁴⁹ The RASG is a drinks industry group set up in 2005 to tackle under-age sales of alcohol. The Wine and Spirit Trade Association (WSTA) provide the secretariat for the RASG. For information about the St Neots CAP see <http://www.cambridgeshire.gov.uk/business/trading/information/underage/CAP.htm>

⁵⁰ *Rolling Out The Community Alcohol Partnership To Other Areas*, St Neots CAP, toolkit available at Cambridgeshire Website.

Figure 4.10: FAPP - the Rosyth Programme, August 2010



Rosyth Alcohol Partnership (RAP)

4.31 The educational and public perceptions elements of the approach are delivered separately by the Rosyth Alcohol Partnership (RAP). This is a separate group of local stakeholders chaired by the Fife Council Locality Manager which includes the FAPP Project Manager, Fife Council Community Learning and Development (Youth Work) representatives, the Police, the Community Council, local councillors, Public Health and third sector organisations. This division of functions arose from one of the first meetings of the CAP and structures the CAP as a 'small operational team' chaired by the WSTA. The RAP is not seen as key to the delivery of the aims of the CAP. At that time, the RAP was regarded as;

"A reference group of interested stakeholders who need to know what's going on and will be able to provide added value and insights and champion the CAP once it's up and running. They won't own the CAP but will be critical friends." (Former Chair of CAP, personal communication, August 2009)

4.32 They are also seen as a key vehicle for communication of key messages from the CAP to the wider community. These two structures provide the delivery mechanisms for the FAPP Rosyth programme. The main interventions which fall under the remit of the RAP are detailed in Figure 4.11 below and fuller details provided in Annex 1.

Figure 4.11 Rosyth Alcohol Partnership - interventions August 2010

Schools-based programmes:

- Do-Be Growing It - Inverkeithing High School (on-going)⁵¹
- Scottish Certificate in Alcohol Awareness (Bii) : at Dunfermline High School (on-going)⁵²
- Mentor Scotland Peer Education Project - Dunfermline High School (tbc)

Community-based programmes:

- The Edge (Soulfire) (completed, June 2010)
- Kinetic Community Film Project (funding confirmed August 2010)
- Support for young drinkers safety & welfare - Clued Up Rosyth (commenced July 2010)
- Engagement with Young People, e.g Revolution Bus. (on-going)
- Funding for extended deployment of detached youth workers (on-going)
- Training of locally-based professionals in Alcohol-Brief Interventions (completed for Police, to be repeated for youth workers)
- Environmental clean ups – led by Locality Manager (on-going)
- CLD initiatives: Dissemination of information about existing facilities for young people (on-going); Drinkaware Challenges at The Shack; adult focused education classes.

⁵¹ Note this is not located in Rosyth.

⁵² Note this is the main non-denominational High School for Rosyth, however, the intervention works with a small class of 7.

Rosyth programme: progress and issues

Community Alcohol Partnership

- 4.33 The Rosyth programme is centred on the Community Alcohol Partnership as described above. Given the way that the CAP has been set up in Rosyth, responsibility for activities related to the educational and public perception elements have been devolved to the Rosyth Alcohol Partnership. These two structures provide the delivery mechanisms for the FAPP Rosyth programme, positioning the Locality Manager as the key liaison point between the two groups and the FAPP Project Manager as the main reporting channel to the FAPP Steering Group. The final evaluation will assess whether this apparent operational division is of relevance to final outcomes.
- 4.34 Since the launch of the CAP, Phase 1 of the work has largely comprised a *'Talking to Traders'* campaign focused on developing relationships with traders, raising awareness and providing opportunities for local traders to share their concerns over issues affecting them. There are thirteen off-sales trader outlets in Rosyth, including four takeaways. All of these premises have been visited by the FAPP Project Manager to gather views and encourage their participation in the CAP campaigns. Training has been offered by one of the major supermarkets, but not yet taken up by any of the local independent outlets. The offer of training is still open; Fife Council *Licensing Standards Officers* agreed to prioritise Rosyth and have carried out inspections of all local outlets to identify where training is needed⁵³.
- 4.35 To inform their consultation with traders, the CAP sought specialist advice from a local third sector agency that works with minority ethnic communities. An evening dinner was held with traders in an Indian restaurant in November 2009; this had a small attendance but did highlight some of the trader's perspectives and supplemented what had been learnt by visiting the shops.
- 4.36 The traders' perspective was that proxy purchasing *'happens all the time'*, often by those aged 18-25 or parents buying for their own children. Sometimes, if traders have refused to sell alcohol to a young person, their parents will then buy it for them. Traders acknowledged that there can be a reluctance to call the Police because of lack of speedy response and the experience of a failure of any action in law against the person. Another factor was acknowledged to be a fear of retribution. The traders also thought that the media should highlight those found guilty of proxy purchasing in a high profile way. These concerns highlights the importance of ensuring that training for traders does not just cover the legal requirements, but develops skills and confidence to enable staff to deal with conflict situations and is tailored to the context of a small shop rather than a large store. They also highlight the need for the CAP to convey clear messages that the Police want traders and members of the community to report issues to the Police and that they will respond.
- 4.37 Traders felt that enforcement should target those shops who are selling to under-age people. They also had concerns about the way test purchasing is implemented, including the need to ensure that the testers do look under 18 years old. Their preference was for an ID

⁵³ Fife Council appointed six Licensing Standards Officers in 2008. Their function is to provide advice on the 2005 Licensing Act throughout Fife and ensure that traders comply with any conditions placed upon their licence by the Licensing Board.

scheme that required everyone to be asked for ID to avoid abuse of staff. One of local chain stores, had a policy of requesting ID for all those who appear to be under 25 with a “No ID, no Sale” and reported that this has been effective.

- 4.38 Traders also raised other issues of importance to them; their concerns include the perceived unfairness of licensing fees and the need for both personal and on-site licenses. These are a drain on resources, particularly of small shops, as staff constantly change and new licenses are required. As a regulatory issue, this is outwith the remit of the FAPP.
- 4.39 A Proxy Purchase Campaign commenced in May 2010. *Licensing Standards Officers* delivered the invitation for the launch, with posters and leaflets in a bid to reinforce participation in the CAP; given their statutory remit, this is a rather more forceful approach than was previously adopted.
- 4.40 The Proxy Purchase Campaign centres on a local leaflet and poster campaign; the content of the leaflet was discussed at the FAPP meeting in April 2010. The leaflet illustrated some of the issues confronting the delivery of a multi-component, local area programme of this nature: whilst it described the problem of adults buying alcohol for underage young people and highlighted that this is an offence, it did not do justice to the breadth of ambition for the CAP. It did not clearly ask for the cooperation and action of the community by explicitly asking them to call the Police or Crimestoppers; did not identify traders as a partner in this endeavour; and did not highlight any educational or diversionary activities for young people to illustrate the more rounded approach of a Community Alcohol Partnership. This was adapted from materials used to develop CAPs in England. It had been edited to include Fife statistics and local phone numbers; the latter tended to be largely health and counselling agencies which whilst relevant to the broader issue, may detract from the main purpose of the leaflet. These issues were acknowledged and the cost of issuing a new leaflet discussed, although no action was taken. The issue highlighted an unresolved tension between the decision-making powers of the CAP and those of the FAPP Steering Group, showing a clear reluctance to challenge a decision made elsewhere. It also highlights a broader issue of the difficulties of adaptability or flexibility of projects to respond to on-going learning.
- 4.41 A CAP public launch event was held in May 2010. This focused on the proxy purchase campaign and parallel ‘*Challenge 25*’ campaign in which traders request ID from anyone who appears to be under 25 years old. This was attended by members of the FAPP Steering Group, the Chair of the CAP, the Police, Licensing Standards Officers, the Council, the Community Council and some local traders. A small number of young people were also present. It was reported that all local traders are now displaying posters for Challenge 25.
- 4.42 The approach of the CAP has been to seek to encourage traders to attend their meetings. This continues to be difficult to secure. There have also been difficulties with attendance at meetings of the CAP by key stakeholders such as Fife Council Trading Standards and the Chair who was based in England. From April 2010 there was a new chair appointed by the RASG, also based in England, although this was still felt to be an unsuitable arrangement and in June 2010, a local Chair from Fife Constabulary was appointed. This establishes a new footing for the CAP which will continue to be monitored as part of the evaluation.

Schools-based programmes for Rosyth

- 4.43 At the interim stage, the two schools-based programmes, *Do-Be Growing It* at Inverkeithing High School and the *Scottish Certificate in Alcohol Awareness (Bii)* at Dunfermline High School, were underway.

Do-Be Growing It

- 4.44 *Do-Be* uses interactive workshops, media and technology to increase 2nd year pupils' confidence and self awareness⁵⁴. A baseline survey of over 200 S2 pupils taking part has been completed. The survey measured overall well-being and attitudes towards drinking alcohol⁵⁵. In relation to their own use of alcohol, 51% of pupils reported that they had ever drunk an alcoholic drink. This is less than the 66% of 13 year olds that reported that they have ever had a drink in the 2006 Fife SALSUS survey results. 18% of pupils reported that they had drunk alcohol in the last week; this is the same as that reported by 13 year olds in the 2006 Fife SALSUS survey. When asked if they had ever drunk so much alcohol that they were really drunk, 38% of pupils reported that they had been really drunk; this is lower than the 49% of 13 year olds in the 2006 Fife SALSUS survey. Twenty two percent of pupils reported that they had got drunk two to three times or more, which compares to 32% in the 2006 Fife SALSUS survey results⁵⁶.
- 4.45 These survey findings suggest that there may be a continuing downward trend in the consumption of alcohol, as reported in the SALSUS 2006 survey and discussed in section 2; fewer 13 year olds say they have ever had a drink and fewer report that they have ever been really drunk. *Do-Be* is intended to support the reduction in purchase of alcohol by young people in Rosyth and proxy purchase on their behalf, although these outcomes were agreed sometime after *Do-Be* was commissioned. A key issue is that the *Growing It* project is not well targeted; around 95% of Rosyth secondary pupils attend Dunfermline High School, not Inverkeithing High School⁵⁷. The *Growing It* baseline survey shows that only 15% of pupils (about 40) live in the pilot area of Rosyth. These results suggest that whatever its ultimate outcome for those that take part, the programme is not well targeted as a FAPP pilot project for Rosyth. This undermines the potential efficacy of a multi-component approach.
- 4.46 In April 2010, the FAPP Steering Group took the decision to extend funding of *Growing It* to support more workshops for first year pupils and training for teachers. *Growing It* was initially approved by the FAPP Steering Group and was funded by Diageo who have indicated their intention to support this project for the next couple of years outwith FAPP. This suggests that funding was 'earmarked' for this project, rather than the funds being seen as part of the funding pot against which decisions are agreed by the FAPP Steering Group; this

⁵⁴ As *Do-Be* had no arrangements for evaluation in place, the evaluation of the *Growing It* project is being undertaken by the FAPP evaluation partners. It has since been agreed that funded projects will be expected to undertake their own evaluation with support from the evaluation partners.

⁵⁵ These figures are drawn from the evaluation baseline survey. This was a self-completion survey administered in classroom conditions. This uses questions from existing validated tools from the following sources, from SALSUS, the Edinburgh Growing Confidence Well-being scale and the Well-being questionnaire, developed by New Philanthropy Capital.

⁵⁶ Note: these figures differ from those publicly quoted by *Do-Be* who suggest that 100% have tried alcohol and 40% have been 'drunk'. See: <http://prezi.com/yyfbi-h98gkx/diageo/>

⁵⁷ Figures provided by Fife Council Education Department, May 2010.

situation undermined the scope for an outcomes-approach to commissioning interventions by the partnership.

Scottish Certificate in Alcohol Awareness

- 4.47 The *Scottish Certificate in Alcohol Awareness* (BII) programme has also commenced in Dunfermline High School⁵⁸. The programme is working with a class of seven Year 3 boys (aged 14-15); of these three are from Rosyth. There are a number of risks with this programme; not least, the scale of this work must limit the potential impact of this intervention. It assumes that greater knowledge of the law and social and economic context in which alcohol is consumed will affect the behaviours of young people in a positive way; as a school based programme, it does not necessarily engage with parents, and there is also a need to explicitly link with other FAPP programmes if the intervention is to stand a chance of addressing desired outcomes. BII has existing arrangements for evaluation of its programmes: these include pre and post surveys and a potential three month follow-up later in the year⁵⁹. These surveys will be analysed by the evaluation partner and reported in the final evaluation report.
- 4.48 Both these school-based programmes are nominally part of the Rosyth programme, although are poorly targeted and have limited reach in terms of the scope to influence young people from Rosyth. Of the two, one is in the main non-denominational secondary school for Rosyth, although only works with a very small group; the other is in a school which primarily serves a neighbouring catchment area and is not within any of the FAPP pilot areas. At the interim stage, funding has been agreed for a *Peer Education Project* in Dunfermline High School, run by Mentor Scotland to start in the Autumn 2010. This will train and support 5th and 6th year pupils to mentor younger pupils throughout the school in relation to alcohol issues. This does build positively on the community-based work undertaken by CLD through the Drinkaware Challenges at The Shack, by taking community-based learning into the school setting.
- 4.49 A key aspect of the prospective success of these school-based interventions will depend on the extent to which the young people involved get reinforcing messages through involvement in other FAPP interventions, essentially those based in the community. It is planned to seek the views of young people through an evaluation event in Rosyth in August 2010.
- 4.50 Both school-based projects have been funded by the alcohol industry and in practice, progress has been reported to the FAPP, rather than the RAP. This reflects the way that they were commissioned and the 'funding-led' rather than a clear outcomes approach that has been evident within the partnership. They appear to be largely standalone projects that, it has been acknowledged, might have happened anyway. The Rosyth Alcohol Partnership is responsible for the delivery of the remainder of the FAPP programme in Rosyth.

⁵⁸ The British Institute of Innkeeping (now known as BII) was founded in 1981 with the support of the Brewers' Society, the National Association of Licensed House Managers, the (then) National Union of Licensed Victuallers, the (then) Hotel and Catering Industry Training Board, and the Scottish Licensed Trade Association. It is a private limited company and a registered charity. As the professional body for the Licensed Retail sector it provides qualifications for the sector through its wholly-owned awarding body, BIIAB

⁵⁹ An additional short survey has been designed by the evaluators to capture FAPP outcomes.

Community-based programmes in Rosyth

Community Learning and Development (CLD) led interventions

4.51 In relation to community-based programmes in Rosyth, funding has been secured to finance the extended deployment of detached youth workers, so that they can work to 10pm instead of 9pm on a Friday night. This will continue March 2011. This is a modest intervention which, if linked well to other interventions, could be important in supporting young people to avoid excessive drinking. Other relevant interventions are the plans by CLD to distribute information to other agencies about existing facilities for young people in Rosyth, engagement with young people by FAPP through use of the Revolution Bus and the training of locally based professionals, including detached youth workers in *Alcohol Brief Interventions* (ABIs) to give them the knowledge, skills and confidence to talk to young people about alcohol use. None of this educational and diversionary work has been publicised by the CAP.

Training in Alcohol Brief Interventions (ABIs)

4.52 This training took place in February and March 2010 and around 20 people attended two separate day courses. A number of participants misunderstood the purpose of the training, expecting it to cover drug abuse. Whilst other community-based professionals including the Police did attend, no detached youth workers attended on either day. There was no requirement that the course should be evaluated agreed between FAPP and the training provider and subsequent attempts to engage the course participants have unsurprisingly met with a poor response⁶⁰. Feedback from a single participant suggested that the course had been interesting. Previously they had '*hardly ever talked to the client group they work with about their alcohol use*' and as a result of the training that they had started talking to people about their alcohol use. They expressed the view that their colleagues could benefit from similar training.

4.53 This experience illustrates a difficulty for FAPP in terms of how it is able to influence other service providers who it wishes to deliver relevant interventions to meet its remit. This situation probably arose because ABI training was not seen as 'an intervention' as no additional funding was required. Encouragingly it is now planned to repeat this kind of training with youth workers and any Police Officers who did not attend before. This will now provide an opportunity to build working relationships between the relevant professionals and a chance to learn from their efforts to talk to young people about alcohol misuse, as long as evaluation of the training includes tracking of participant's efforts to implement what they learn.

Clued Up Rosyth

4.54 FAPP has also secured funding from the Robertson Trust to provide support for young drinker's safety and welfare in Rosyth, to be provided by *Clued Up*⁶¹. This is based on the *Mobile Alcohol Intervention Team* (MAIT) model, a pilot outreach project engaging with young people found to be drinking in public places trialed by *Equally Well* in Kirkcaldy. This intervention will be managed by Clued-Up; their new member of staff started in July 2010.

⁶⁰ There was a single response from a Police Officer.

⁶¹ Clued Up is a drug and alcohol awareness service for young people based in Kirkcaldy.

The Edge

- 4.55 One intervention has just been completed. In May 2010, Soulfire started '*The Edge*' a seven-week evening course aimed at teenage girls with the goal of building confidence and self-esteem. This attracted an initial 13 participants in the second week aged between 12 and 17 years old; this level of interest was attributed to the efforts to recruit young women by using the *Revolution Bus*. However, subsequently the older girls stopped attending and the programme finished a week early due to the low numbers. Three evaluation forms were returned at the end of the sessions and they show that the remaining participants particularly liked the glass walk and the painting⁶². Two of the three respondents had ever had '*a proper alcoholic drink – a whole drink, not just a sip*', although they all said that '*a few*' of their friends do drink alcohol⁶³. All those who completed the course live in Rosyth and attend Dunfermline High School. The views of the coordinator suggest that the remaining participants were not considered to be most at risk in relation to alcohol abuse and related risky behaviours. The initial age range was also felt to have been too broad for effective groupwork, although the poster for the course did not specify the target age group. Unfortunately the presence of much younger girls may have deterred those for whom the programme was intended to reach from attending.
- 4.56 At this stage, there may be potential to use the programme differently to engage with harder to reach young people and to make it more closely targeted for the 'at risk' groups, including the option of linking groups for young people with groups for their parents. Further views from young people about this programme and potential linked interventions will be sought from young people in August 2010.

Summary of progress and challenges in Rosyth

- 4.57 Some of the elements of the Rosyth programme are now fairly well established. There are a wide range of agencies involved in the delivery of the Rosyth programme, the success of which relies to a large degree on the ability of the FAPP to encourage these mainstream agencies to work together and work differently. Rosyth has the potential to be an effective evidence-based multi-component programme, with good prospects for sustainability by strengthening collaborative networks between professional or stakeholder groups. The ambition of the CAP is broad; success will depend on their ability to engage with the wider community, to secure the co-operation of local traders, provide educational and diversionary activities for young people and produce a visible and acknowledged change in the local environment. This cannot be achieved without the buy-in and active engagement of a wider range of stakeholders.
- 4.58 Substantive progress has been slow, but has also illustrated some of the barriers that need to be addressed, including the difficulties of engagement with local traders and with young people and barriers to joint working by different professional groups. In this respect the greater involvement of detached youth workers is crucial as they are in a position to be a bridge between young people and wider agencies in the area. These barriers need to be addressed both at the strategic level and by encouraging local dialogue and joint project work between youth workers, the Police and young people. Joint training in Alcohol Brief Interventions will be a good starting point. Much of the success of community based interventions, and therefore of the wider CAP, will depend on the extent to which they are

⁶² A Glass-walk is a walk barefoot across a bed of broken glass.

⁶³ The questions used were a selection taken from SALSUS.

able to be linked to each other in a way that can reinforce messages to young people and the wider community.

- 4.59 The recent appointment of a local chair for the CAP from Fife Constabulary is a positive development that now brings local knowledge and leverage to the operation. However, the local partnership structures involving the CAP and the RAP are complex and cumbersome. This separation of structures and content has not promoted a strong programme approach and should be more closely embedded into the revised governance structures under consideration. Communication also needs to be addressed so that the more holistic vision is communicated, and young people, their parents and local traders are all encouraged to cooperate as genuine partners.
- 4.60 The school-based work has in practice been reported to the FAPP and is rather separate from the community-based interventions which fall under the remit of the RAP. In any case, the school projects are small in scale and not well targeted to deliver the desired outcomes. A key aspect of the prospective success of these school-based interventions will depend on the extent to which the young people involved get reinforcing messages through involvement in other FAPP interventions, essentially those based in the community.
- 4.61 The community-based interventions are fairly limited at this stage. Whilst they have not been well-targeted or joined up, this stage in the programme does present an opportunity to explore the fuller potential of the programme. This might include exploration of the options to link schools-based and community-based interventions; the ability to link interventions for young people and their parents, and crucially, to seek the views of young people about the best way forward. An evaluation event for young people is planned for late August 2010.

5. Touch: background and key issues – the evidence base

Touch: the current picture

5.1 Touch was adopted as a pilot area on the basis of a recommendation from the Scoping Report. Touch is a small housing estate of approximately 1200 people, located about two miles east of Dunfermline Town Centre. It comprises two datazones: Touch and Woodmill North. The area is separated from neighbouring communities by a main ring road which surrounds the housing estate. It was once a very popular area to live although the reputation of the area has declined and the *Scottish Index of Multiple Deprivation* (SIMD) figures for 2006 show that Touch is within the top 10% most deprived areas in Scotland. There are limited support services in the immediate locality; there is a Primary School, two Churches, a Community Centre, Scout Hall, one shop (with Off Sales) and one Public House. A number of alcohol related issues were identified in the scoping report, including;

- Underage drinking
- Risky outdoor drinking
- Regular heavy daytime drinking
- Anti-social behaviour and drinking.

5.2 In choosing to focus on Touch, the scoping report acknowledged that other areas in Fife were facing very similar issues regarding the misuse of alcohol. It noted that *'there is a positive feeling in the community that it is time for change and that they do not want this downward trend to continue throughout 2009'*.

5.3 In establishing a baseline, there are fewer sources of evidence in relation to Touch than for Rosyth. The FAPP survey did not receive sufficient responses from Touch to allow local area analysis. Limited data on A & E Admissions from the wider area was reported in section 2. This section reports on available health and anti-social behaviour data, together with primary data gathered through the evaluation process.

Health-related evidence of need

5.4 Available health data for the datazones of Touch and Woodmill North are discussed here. Figures 5.1a and 5.1b show clear evidence of a consistently higher rate of general acute inpatient stays with an alcohol-related diagnosis in Touch and Woodmill North than for Fife as a whole, although there is no clear evidence of an overall trend⁶⁴. The available figures show that in Touch those aged 40 and over make up the largest proportion of admissions⁶⁵. Figure 5.2 shows that the majority of the 2007/08 general acute inpatient stays were due to mental and behavioural disorders due to the use of alcohol. These figures should be treated with caution; sample numbers are small and there are wide variations year on year. Figures on alcohol-related deaths are not available due to small numbers.

⁶⁴ The confidence intervals are wide because of small numbers of events and overlap. Again, caution must be exercised in interpreting this data.

⁶⁵ Figures based on gender are not available because of small numbers.

Figure 5.1a: General acute inpatient stays with an alcohol-related diagnosis in any position by gender and age, 2003/04 to 2007/08 and emergency admissions 2007/08

	2003/04	2004/05	2005/06	2006/07	2007/08
Fife	1571	1918	1989	2194	2285
Crude rates per 1000 population	4.46	5.41	5.58	6.11	6.34
CI (95%)	(4.24-4.68)	(5.17-5.65)	(5.33-5.83)	(5.86-6.37)	(6.08-6.60)
Touch & Woodmill North					
Both Sexes	20	15	13	22	25
Crude rates per 1000 population	15.36	11.59	9.75	16.81	19.26
CI (95%)	(9.22-23.81)	(8.96-19.32)	(5.35-16.50)	(10.70-25.21)	(12.33-28.51)
Touch & Woodmill North					
Under 25yrs	*	-	*	*	*
25-39yrs	*	*	*	*	*
40yrs and over	14	*	*	12	15
All Ages	20	15	13	22	25
Emergency admissions					23
CI (95%)					(15-35)

Source: ISD Scotland (SMR01) January 2010. * Not shown to prevent disclosure of small numbers. Note: FAPP Dunfermline Touch & Woodmill is defined by the datazones S01002672 and S01002667. The combined population is 1288 based on 2008 mid-year estimates from GROS.

Figure 5.1b: General acute inpatient stays with an alcohol-related diagnosis: 2003/04 to 2007/08 (Crude Population Rates)

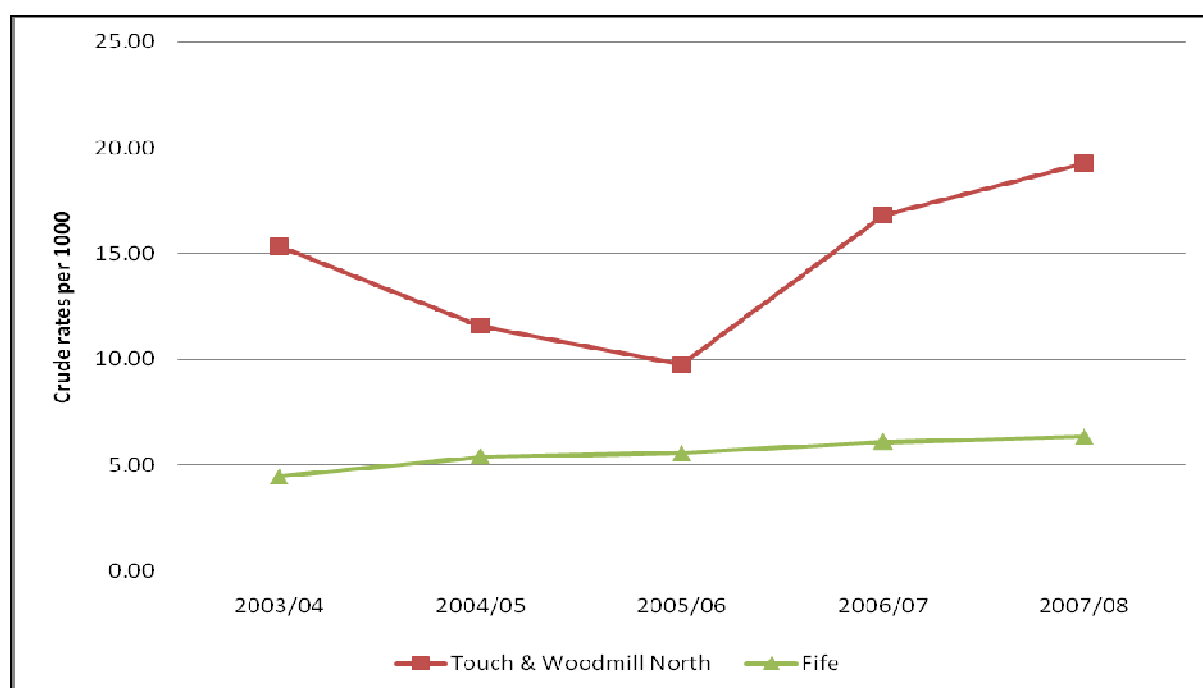


Figure 5.2: General acute inpatient stay with an alcohol-related diagnosis in any position by specific diagnosis, 2007/08

	All Alcohol related conditions	Mental & Behavioural Disorders due to the use of alcohol	Alcoholic Liver Disease	Toxic Effect of Alcohol
Touch & Woodmill North	25	18	*	*
Fife totals	2263	1164	387	444

Source: ISD Scotland (SMR01) January 2010.

5.5 Alcohol Brief Interventions (ABIs) are used when someone visits their GP or hospital and screening suggests that alcohol may be a factor in their ill-health. They typically take the form of short motivational interviews, in which drinking habits are discussed, along with information about health risks. Figure 5.3 shows the number of ABIs delivered in 2008-09 and 2009-10 in primary care, antenatal and A & E settings in Fife and Scotland. These figures show that the number undertaken in Fife has declined over the two years. Some evidence about the take-up of primary care-based alcohol screening and brief interventions in Dunfermline is shown in Figure 5.4. This is of limited value in relation to Touch, as Touch patients could be registered with all six Dunfermline practices, although it is likely that incoming residents would register with the new Linburn Road practice.

Figure 5.3: Number of Alcohol Brief Interventions Delivered in primary care, antenatal and A & E settings NHS Fife and Scotland 2008/09 – 2009/10⁶⁶

	2008/9	2009/10	Total
NHS Fife	3110	2420	5530
Scotland	28579	53985	82564

Source: ISD Scotland

Figure 5.4: Number of Alcohol Brief Interventions Delivered by Dunfermline GP Practices April 2008-March 2010

	2008/9	2009/10	Total
Nethertown	107	59	166
New Park	80	72	152
Hospital Hill	51	30	81
Millhill	32	151	183
Bellyeoman	24	3	27
Linburn Road	-	15	15
Total	294	330	624

Source: NHS; based on claim submission data to 26 April 2010.

5.6 Figures provided by FASS show that in 2008-09 only 4 (0.5% of all clients) were from Touch.

⁶⁶ In accordance with the HEAT H4 Alcohol Brief Interventions target
http://www.alcoholinformation.isdscotland.org/alcohol_misuse/files/abi_2009_10.pdf

Evidence about anti-social behaviour

- 5.7 Evidence about anti-social behaviour (ASB) offences has been made available to the FAPP for Touch, Dunfermline and Fife as a whole. The limitations of using crime-based figures have already been mentioned in relation to Rosyth. There is an additional issue in Touch because of the small size of the area and the small number of offences involved.
- 5.8 Figure 5.5a and 5.5b report comparative figures based on anti-social behaviour offences. Crude population rates are higher in Touch than the wider Dunfermline area and Fife as a whole. Anti-social behaviour offences have fallen in all areas between 2008 and 2009. Figure 5.5a shows that the fall in Touch, at 10%, has been slightly lower than in for Dunfermline as a whole but the same as for all Fife.

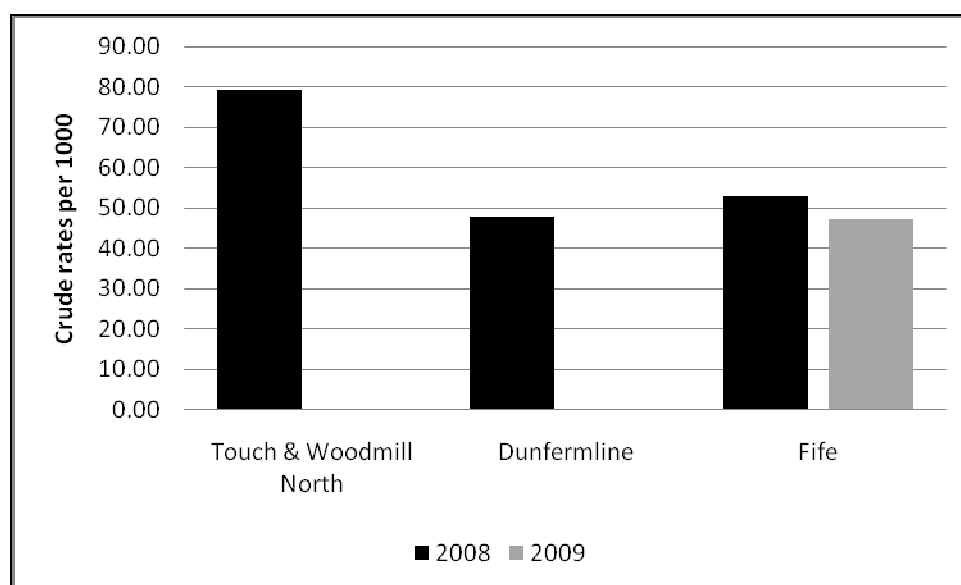
Figure 5.5a Annual Anti Social Behaviour Offences, 2008 and 2009 by area

Annual ASB	Touch	Dunfermline	Fife
2008 detected	82	1901	14314
2008 undetected	20	518	4786
Total 2008	102	2419	19100
<i>Crude rates per 1000</i>	<i>79.19</i>	<i>47.94</i>	<i>52.78</i>
2009 detected	78	1764	12627
2009 undetected	14	372	4530
Total 2009	92	2136	17157
<i>Crude rates per 1000</i>	<i>n/a</i>	<i>n/a</i>	<i>47.20</i>
<i>% change all ASB between 2008 & 2009</i>	<i>-10%</i>	<i>-12%</i>	<i>-10%</i>

Source: Fife Constabulary, Detected and undetected offences

NB: Crude rates calculated using GROS mid-year population estimates. Population estimates for 2009 for small areas are not yet available.

Figure 5.5ba Annual Anti-Social Behaviour Offences, 2008 and 2009 by area: crude population rates



5.9 Figure 5.6 shows the types of anti-social behaviour offences committed in Touch in both 2008 and 2009. Breach of the peace is the only offence to show an increase over the period; such offences rose by 28% in Touch compared to a decrease of 9% across Fife. As noted before, the only formal category that directly identifies alcohol as an issue is drinking in public places. In Touch there were four such offences in 2008 and none at all in 2009.

Figure 5.6: Total Anti-Social Behaviour: all offences by type; Touch 2008 and 2009

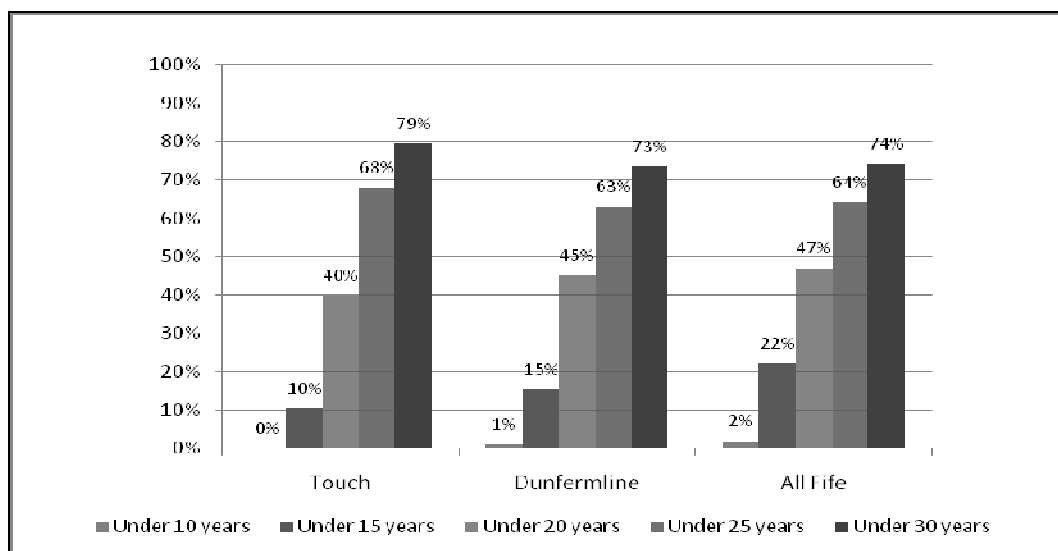
	2008		2009		Annual % change
	No	%	No	%	
Breach of the peace	29	28%	37	40%	28%
Vandalism & malicious mischief	40	39%	28	30%	-30%
Drinking in public places	4	4%	0	0%	-100%
Urinating/defecating	0	0%	0	0%	0%
Wilful fire-raising	2	2%	0	0%	-100%
Petty assault	27	26%	27	29%	0%
Total ASB	102	100%	92	100%	-10%

Source: Fife Constabulary, Detected and undetected offences

5.10 Figure 5.7 shows detected ASB offences by age categories on an area basis for 2009. This shows that of all such ASB offences in Touch in 2009, 40% were committed by those aged less than 20 years old. This is a slightly lower proportion than for the rest of Dunfermline and for Fife as a whole, where the figures are 45% and 47% respectively. It is worth noting that this is in contrast to Rosyth where the equivalent figure is 57%. This reflects the greater anti-social behaviour amongst 21-29 year olds in Touch and the fact that fewer (detected) offences are committed in Touch by those over 30 years old, compared to the wider areas. A breakdown by gender is not available.

5.11 Whilst all these data sources will continue to be monitored, it is evident that the monitoring and evaluation of the Touch programme will draw substantially on qualitative data.

Figure: 5.7 Anti-Social Behaviour Detected Offences by age and area 2009: cumulative %



Source: Fife Constabulary, Detected offences

Views from local community consultation events

- 5.12 The FAPP approach in Touch has been to work more closely with the local community than in Rosyth; in this way, local views are being sought to influence the design of the programme. Two consultation events have been held within the community during 2009 and informal discussions taken place with members of the Community Council and other local people. Further consultation events are planned for July 2010.
- 5.13 The first consultation event in Touch in July 2009 aimed to develop a clearer local picture of alcohol-related harm and to test out local responses to the proposed outcomes, as part of the work to develop outcomes described in section 2. In particular, it aimed to gather views about what FAPP might do to tackle alcohol-related harm and to promote interest and support for the implementation and evaluation of local initiatives to tackle these issues over the next few years.
- 5.14 Over twenty people attended this event from Fife Council (including education), the voluntary sector, the Police, the Scottish Government, the Community Council, and the NHS. Six people were local residents. The event was built around a series of activities that commenced with sharing of stories and allowed participants to develop their own ideas for interventions. There was substantial personal experience across the generations of the effects of alcohol abuse and harm amongst local residents. The accounts in Figure 5.8 suggest there is no doubt of the importance of the issue in Touch.

Figure 5.8: Feedback comments from July 2009 consultation event in Touch

Table 1: "We've no specific story [to feedback] – but just look out of the window! People are outside this venue drinking. They don't know the harm or impact on themselves and the environment. Touch has gone downhill. People want to move out. It's a cultural issue. It affects all ages and genders."

Table 2: "The pup has turned into a mongrel.....the flats are the problem. People sit outside drinking - & there's a fear of 'looking at' people – there's a threat of violence. The shop does a great service to the community, but he sells drink. He says 'if I don't sell it others will' - 90% of disturbances are caused by drink. How do people get hold of drink? I live next to the park. My windows have been smashed and my car damaged. It's a hard place to police. Friday-Sat 10-12pm is the worst."

Table 3: "I live in the flats! I'm a parent of a five year old. [table 2 apologises.....] My neighbours get drunk and have parties. Fights spill over outside – there's noise and blood – the older men drink inside; the younger ones do it outside. I don't like contacting the police –and the Council just give out incident diaries."

Table 4: "I have first-hand knowledge of alcohol. My son is an alcoholic. I've had years of verbal and physical abuse. For example, he'll extort money from me – it's always £10 they'll ask for. That's a giveaway. There's physical violence. I've had him arrested three times. He tipped his Dad out of his wheelchair. I've had a knife to my throat. You walk on eggshells. It makes them paranoid and brings on senility. No help that we've had has made a difference"

- 5.15 Accounts of the experience of local people gave a real sense of the personal costs and how alcohol abuse impacts on individuals and communities. However, the event showed that there was a willingness to engage with the FAPP and an appetite for doing something positive about the local issues.

- 5.16 The indicative outcomes identified for the work of the FAPP in Touch were supported, although tempered by recognition of the considerable social and cultural barriers to changing behaviours. The specific ideas for interventions from FAPP that were favoured or at least thought to have a chance of working in some form were:
- Activities that develop confidence, self-esteem and assertiveness skills.
 - Arts, sports and other activities that divert people from drinking and encourage positive attitudes to health.
 - Encouraging parents & children to talk about drinking.
 - Encouraging professionals and others to talk to people about drinking.
 - A local labelling scheme – for example, by including a phone number to find out about local support services on drink containers.
 - Publicising the effects of alcohol on unborn and young children.
 - *Locally tailored* public awareness raising campaigns which use positive role models or local champions. These would be people recovering from substance misuse to have more credibility and get young people to work with them.
- 5.17 In addition, some new ideas emerged, including the proposal to ‘make services local’, anger management for drinkers and to create a market garden in Touch.
- 5.18 A short review of the event at the end suggested that the response was very positive. In particular, people valued the fact that it brought together people from different backgrounds and encouraged an exchange of ideas in a participatory way. The sharing of stories and experience worked well and the openness and willingness of local people to share in this way was important and valuable. It was seen to be a very positive event in itself – it allowed some people there to learn about what support already exists and connected people with others in community who shared their interests and concerns. New relationships were forged which potentially provided a good basis for future interventions and working together.
- 5.19 It is worth noting that the professionals who attended the events did not discuss how alcohol impacts on their work in detail. They were listening and certainly seemed to value that opportunity. However, not all services were represented and the number of local people was felt to be low. There was clearly a need for further and wider dialogue within the community to gauge support for appropriate interventions. Two comments made by local residents are notable in underlining the importance of letting the community lead when thinking about the type and style of approach to programme development by the Partnership:
- “The people in this room are the starting point.....it’s better to get the people that are here to talk to others in the community”.*
- “It’s a bit like ...well, if you go into somebody’s house, you don’t go and look in their fridge do you? It would be rude! Well, you can’t just walk into this community...we have to be in the lead”.*
- 5.20 The participants were keen to build on the momentum generated and meet again – to this end, they were informed of and invited to a *Walkabout* planned for later that month. It was also decided that a further event would be held in September to enable wider community consultation.

- 5.21 Five local people attended the walkabout in July 2009 with the FAPP Project Manager and evaluator. The group visited the shop and spoke at length to the manager. The group also walked around the estate and discussed particular ‘hotspots’ and issues that concerned them. It was also an opportunity to talk more to some of the individuals who had shared their own experience at the previous event. It became apparent that the pub was due to close shortly. There were mixed views about whether this would make matters better or worse and interest in the idea of exploring the options for community management or buy-out of the pub. There are models of such community interventions in running pubs as social enterprises and for community benefit elsewhere in Scotland and England. The matter was discussed at the FAPP Steering Group meeting in August 2009, where there were mixed views of the legitimacy of the issue for the FAPP Manager to become involved in; FAPP agreed that more research was needed into why the pub was closing before it could be discussed further. In the event, this idea did not develop further and to date the pub remains open. Although a further walkabout was planned for later that month it did not happen due to bad weather.
- 5.22 A second event publicised as a *Curry & Community Consultation Event* was organised by the Project Manager in collaboration with a small group of local people in September 2009. The success of the event was in no small part due to the efforts of local people, in particular a young woman who cooked curry for everyone. The aims of the event were similar to the first event in July and in particular to test out the level of support for the ideas for proposed interventions and to get local ideas about how to make sure they work.
- 5.23 A total of 35 people attended during the evening. Many were local residents including several who had not attended previous events. This number included a group of young people supported by their youth workers⁶⁷. A quiz was devised using local statistics on alcohol related admissions to A & E to act as an icebreaker and get people talking about the local issues. It was commented on that many of the people who are drinking in Touch are young women; this had also been noted in the original FAPP Scoping Report.
- 5.24 A participatory exercise was used to allow people to ‘vote’ and comment on the ideas that have been proposed for interventions in Touch, both by FAPP and by the initial meeting held in July 2009. The strongest support was for gathering and using stories from alcoholics about how their lives have changed. There was also very strong support for locally-tailored public awareness raising campaigns, using creative media to get messages across to men and women and different ages; for activities that would develop confidence, self-esteem and assertiveness skills; for arts, sports and other activities that divert people from drinking and encourage positive attitudes to health; and for publicity about the effects of alcohol on unborn and young children. There was strong support for what people called ‘*Feel Good Groups*’, which would share skills across the generations. Examples given included groups on child rearing, drama, computing, gardening, cooking, improving basic skills and DIY. There was acknowledgement that there are very few existing activities and services within the locality and also a need to ask local people what they would like to see:

“What is there for the kids to do? If there’s nothing then they’re up to mischief....if there is, then they’ve got choices.”

⁶⁷ These young people use the community centre in Touch, but were from Halbeath, a neighbouring area. They did not stay for the whole event.

“We have to think of activities to get them out of the house – we need to ask them what they want.”

- 5.25 The young people present suggested that local projects should use volunteers to deliver skills within the community centre, such as students from the area who are studying cooking in the local college to demonstrate to peers how to cook simple nutritious food. There was also support for activities that encourage professionals and others who work in the community to talk to people about drinking and for anger management for drinkers to address the underlying causes of drinking. There were more mixed views about the idea of encourage parents and children to talk about drinking. There was some cynicism about the idea of *‘making services local’*;

“.... this has been tried before. There are services within the council who would do this – but, perhaps the issue is about access or knowledge of what’s available?”

- 5.26 There was a strong issue that was expressed across the generations about the fear of intimidation and reprisals for reporting of anti-social behaviour;

“People are too intimidated to complain, so don’t use it [complaints systems]. The drinkers can work out who complained and intimidate us. Also things are not done about complaints, so there’s not much point. A more proactive response is needed.”

- 5.27 This fear led to support for some of the ideas from the previous event that had centred on safety in the home and community. There was strong support for the idea of installing door entry systems to the tenements. There was also strong endorsement for the idea of publicising the Fife Council *Night-time Noise Team* phone number and for getting them to deal with noise nuisance;

“The Police take too long to respond to complaints. There’s no point in complaining to them.”

“[The Night time noise team] this may be a good idea. Perhaps get the team to come and raise awareness to groups in the local area or do leaflet drops round doors and community action groups.”

- 5.28 It was clear that the effects of alcohol abuse and harm as seen by local residents have both health *and* anti-social behaviour elements to it. There is no doubt of the importance of the issues in the community, although community perspectives may well challenge professional assumptions and ‘theories of change’. The level of fear within the community suggested that professional interventions would need to be more proactive, rather than expecting people to report anti-social behaviour offenders or rely on complaint procedures. One comment seemed to sum up the mood:

“We want peace and quiet. We want to feel safe, welcome, not intimidated. We want to get on with life the way that a ‘normal’ person would...I mean, someone who doesn’t live in a council estate.”

- 5.29 Although some young people did attend, the meeting concluded that there was still a need to seek the views of young people more directly about specific activities that they would like to see developed. As before, there was an expressed willingness to engage with the FAPP

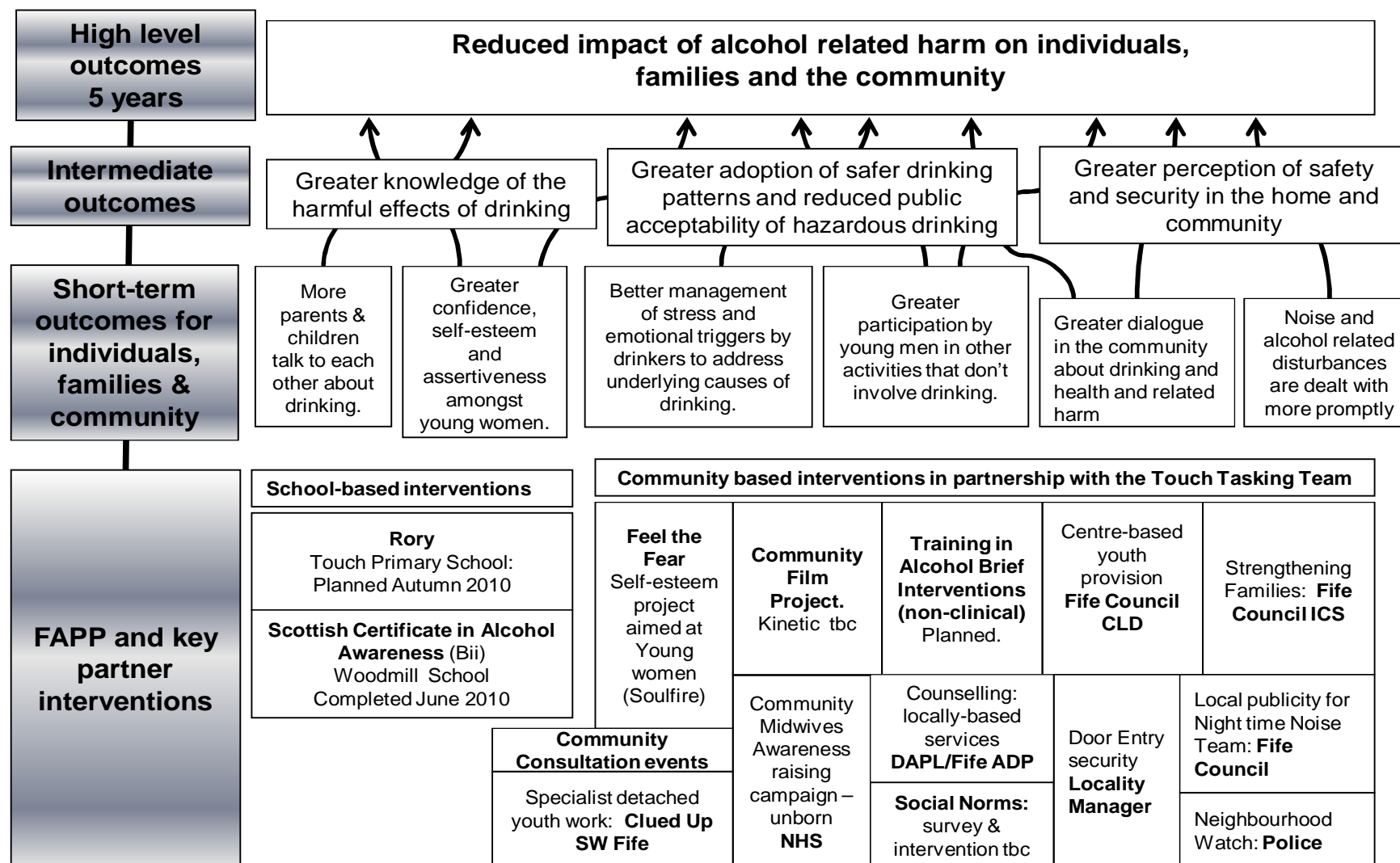
and an appetite for doing something positive about the local issues, although there was also some cynicism about ideas that have been 'tried before' and thought not to have worked.

5.30 Further community consultation events are planned for July 2010.

The FAPP programme in Touch

5.31 In Touch, FAPP have chosen to target a reduction in the impact of alcohol-related harm on individuals, families and the community. Key agreed outcomes for Touch are detailed in Figure 5.9 as agreed in June 2010. These show a three-pronged approach to improve knowledge of the harmful effects of drinking, encourage the greater adoption of safer patterns of drinking and reduced public acceptability of hazardous drinking and greater perception of safety and security in the home and community.

Figure 5.9: The FAPP programme in Touch, August 2010



Touch programme: progress and issues

5.32 FAPP has taken a different approach to programme development in Touch by working more closely with community members and local professionals, so as a consequence the Touch programme is much less well-developed than that for Rosyth. In effect the ‘scoping’ of the programme is an on-going process. Figure 5.10 shows the provisional interventions that FAPP is considering although these are to be subject to a community consultation exercise in late July 2010 before proceeding.

Figure 5.10 Touch - provisional interventions, August 2010

<p>Schools-based programmes:</p> <ul style="list-style-type: none">• <i>Scottish Certificate in Alcohol Awareness</i> (Bii) : at Woodmill High School (completed June 2010)⁶⁸• Rory: Touch Primary School (funding tbc) <p>Community-based programmes:</p> <ul style="list-style-type: none">• You and Yours (abandoned, May 2010)• Feel the Fear (Soulfire) (completed June 2010)• Clued-Up West Fife – specialist detached youth work (started July 2010)• Strengthening Families programme (funding tbc)• Community Film Project (Kinetic) (funding now confirmed)• CLD: Centre-based youth provision (tbc)• Locally based counseling services (DAPL funded by ADP)• Social Norms Project (funding tbc)• Awareness raising campaign for unborn children – led by Alcohol Forum• Training in ABIs for community based staff - led by NHS Health Promotion• Local publicity for Night time Noise Team – led by Fife Council• Neighbourhood Watch – led by Police• Door Entry security programme – led by the Fife Council Locality Manager

5.33 FAPP had been referred to by local professionals working in Touch as ‘*a wake-up call*’ and appears to offer the potential to respond to alcohol-related harm in a cross-cutting and multi-agency way. Early local discussions between the FAPP Project Manager, the Locality Manager and others suggest that there is potential to use the FAPP intervention in Touch in a catalytic way through encouraging and supporting professional interventions by others and promoting different ways of working together. A lesson from the consultation process was that professional interventions would need to be more proactive, rather than expecting people to report anti-social behaviour offenders (whether alcohol-related or otherwise) or rely on complaint procedures.

5.34 At the interim stage, two projects have been completed and one abandoned because there were insufficient eligible local people from the interventions’ target group. These are discussed below. FAPP made efforts to continue community consultation by holding a *Community Safety Market Day* in December 2009 although was poorly attended by local people. A further five days of community consultation events was held in July 2010⁶⁹.

⁶⁸ This is the main non-denominational School for Touch.

⁶⁹ Fuller details and feedback will be included in the final evaluation report.

Touch Tasking Team

- 5.35 The establishment of a *Touch Tasking Team* is a significant part of the approach in the locality. Proposed by the FAPP Project Manager, this is a multi agency group charged with developing a local response to reduce alcohol-related harm and promote responsible drinking. This brings together the relevant professionals including the Locality Manager, Community Police, Fife Council (including representatives from Adult Education, Housing and Youth Work), Community Wardens, the local Minister, Headteacher, Specialist Midwife, Homestart, and Health Visitors. Recent meetings have now also included some active members of the local community. The Project Manager also attends an existing Local Planning Group.

Schools based interventions for Touch

Scottish Certificate in Alcohol Awareness

- 5.36 The *Scottish Certificate in Alcohol Awareness* (Bii) was completed at Woodmill School in June 2010⁷⁰. Woodmill School is the main non-denominational secondary school in the area and around 90% of children from the local primary school attend⁷¹. The course has been trialled with most of the S3 year group (14-15 year olds) at the school; of 159 pupils that sat the end of course exam, all passed. Whilst pleased with this result, the teacher's report that this was logistically difficult for them to manage for the whole year group and that it took up a large amount of the time allocated for social education. However, they suggest that it could be done in a shorter time by combining lessons. They would also like to use more outside speakers, although had faced logistical difficulties in organising this aspect of the programme. They suggest that the course can be linked to the *Curriculum for Excellence* and that it would also fit well into a flexible curriculum. Feedback from pupils will be available at a later date.
- 5.37 Whilst incomplete at this stage, this feedback is broadly positive in relation to the course itself. However, in terms of how it fits into the FAPP multi-component programme it does raise some challenges that are worth considering at this stage. FAPP wish to see more parents and children talking to each other about drinking. As noted in relation to Rosyth, as a school-based programme, the course does not necessarily engage with parents. The course has been a standalone intervention that, to date, has had little for it to link to, given the current state of the rest of the Touch programme. The challenge now will be for FAPP to build on the learning of the young people and bring that into the community in some way. This option was to be explored as part of the five days on community consultation in July 2010 and subsequent discussions in the Touch Tasking Team.

Community-based interventions for Touch

Feel the Fear

- 5.38 The second project that has recently completed is a course '*Feel the Fear*' delivered by Soulfire, a Fife-based motivation company. This began in Touch in May 2010 and was an eight-week evening course aimed at young women with the goal of building confidence and self-esteem. This had eight participants, four of whom live in Touch. The course is not

⁷⁰ This is the same course which forms part of the Rosyth programme.

⁷¹ Figures provided by Fife Council Education Department, May 2010.

explicitly designed to address alcohol issues directly; however, the coordinator reports that there tended to be a lot of informal discussion about alcohol amongst the women attending. This included discussion of binge drinking and how other's drinking was negatively impacting on the quality of life of other residents in the area.

- 5.39 A short post-course evaluation has been undertaken⁷². The ages of the course participants ranged from 22-45 years. The evaluation form included a set of ten scaled questions that measure different elements of confidence and self-esteem⁷³. A total score of 50 would indicate the highest levels of confidence and self-esteem. The final scores ranged from 27-41 and the corresponding comments illustrate that all the participants viewed the impact of the course in a positive way. All talk about having more confidence as a result of the course:

"When I was first told about this group, I was weary and nervous about attending. The thought of being judged by others almost made me not come. The course has helped me overcome this and be aware that it's good to try new things and enjoy getting to know people."

"It has made a difference in the way that I feel - a lot more confident in myself and with the decisions that I make."

"I feel much more able to 'like' myself. I have lost a lot of self-doubt and stopped worrying so much whether people like me. Not everyone is going to and I have plenty in my life who do like me for who I am."

- 5.40 All respondents identified positive aspects of the course although some felt uncomfortable with the session on body image. All said they would recommend the course to a friend. Of the seven respondents, six said that they drank alcohol 'once or twice a month' and one 'every couple of months or less'.⁷⁴ This compares with the recent FAPP survey which suggests that 42% of respondents drink once or twice a month or less often⁷⁵. Of the seven, one answered positively to two of the four CAGE indicators, which potentially indicates problematic drinking behaviours⁷⁶. However, none answered positively to any of the other indicators used to assess potential problematic drinking behaviours⁷⁷. This suggests that whilst the group who attended the course do drink alcohol, they do not appear to be frequent drinkers. They made some suggestions about what FAPP might do to tackle alcohol related harm. Comments made by those who live in Touch suggest support for greater law enforcement and diversionary activities:

"They should have more community support officers come on a weekend and see for themselves how bad living in an area where people drink alcohol and create noise"

⁷² Seven evaluation forms were returned.

⁷³ This was a bespoke set of questions devised from indicators from the *Warwick-Edinburgh Mental Well-being Scale* and the *New Philanthropy Capital The Well-being Questionnaire*. They included questions about nervousness, closeness to others, unhappiness, coping, fears, dealing with problems, outlook, self-regard, talking about worries and relaxation.

⁷⁴ The survey asked about frequency of drinking so may not pick up binge drinking, defined as drinking an excessive amount on any one occasion (definition from *Alcohol Statistics Scotland, 2009, ISD*).

⁷⁵ See Figure 3.2

⁷⁶ See 3.4

⁷⁷ These included attendance at A & E; admission to hospital; advice from a GP; arrest, caution or confiscation; and seeking counselling.

and fights. It's impossible to solve, but there should be some sort of scheme to help those who drink excessively at home".

"[There should be] more police around the area confiscating drink off people who are drinking in public areas".

"[Do something about] underage drinking and people drinking because of boredom".

- 5.41 These are positive outcomes from this course. However, it has been a small scale intervention; its value may be as much as a demonstration project which could be a positive springboard to engage the participants in wider community based activities and to use their positive experience to motivate them to continue to be involved in the work of FAPP. If this is to be an effective part of a multi-component approach, FAPP will need to build on this success sooner rather than later.

You and Yours

- 5.42 A further project showed early promise but has not proceeded and offers some early lessons for FAPP. *You and Yours* (originally *You First*) is a twenty-week programme developed by Barnardo's for new parents with a baby under one year old. FAPP had secured funding from Heineken and the programme was due to be delivered by Barnardo's from May 2010⁷⁸. The programme uses a mix of hands-on experiential and group work learning to help improve parenting capabilities and facilitate access to universal and specialist services. The programme aims to raise awareness of healthy diet and lifestyles for parents and children, normal responsible alcohol consumption among new parents, and mental health issues for new parents. It includes a direct grant or voucher incentive for participants. Each programme aims to work with 12 parents.
- 5.43 Barnardo's sought to recruit a facilitator from a local agency on secondment to work in Touch; this proved to be problematic and led to delays in implementation. The initial needs-assessment for such a programme had been based on the original FAPP scoping study. However, engagement with the local NHS staff by Barnardo's in Spring 2010 showed that they were not aware of the plans and felt that there were too few eligible parents in the locality to run such a programme. This risk had already been highlighted to FAPP. In the event, this situation was felt to rule out using '*You and Yours*' as an effective intervention in Touch. Barnardo's were reluctant to widen the eligibility criteria for Touch because of the national status of the programme although have suggested they would be prepared to support other interventions on the basis of a clear picture of the specific local need; a problem statement that defines the issues, the group and the associated problems; and clearly defined outcomes for any intervention. Investigations are underway to see if there is a suitable intervention that can be taken forward.

Summary of progress and challenges in Touch

- 5.44 It is evident that at this stage, many of these interventions are not well developed, funding is not secured and, whilst the situation is fluid, little is happening on the ground with less than nine months for the remaining life of the FAPP. Whilst it is acknowledged that the 'community development' approach to programme development will take more time, some of the delay in establishing the Touch programme must be attributed to a discomfort within

⁷⁸ This is also being piloted elsewhere in Scotland.

the FAPP about the respective roles of the FAPP and the Touch Tasking Team. There has also been a lack of realism in the Steering Group in relation to the challenges of local delivery and the long-term sustainability of interventions, which would need to ensure that local stakeholders were fully engaged. This situation illustrates the balancing act between the slower pace and consultative approach and a more proactive, stronger focus on getting 'up and running'. This causes frustration within the Steering Group, but there is also a risk that continued delay in seeing much local action could jeopardise the goodwill and commitment shown by local people that attended the consultation events in 2009.

- 5.45 FAPP will now need to build on the momentum and learning generated so that the two completed interventions do not remain as 'stand alone projects'. Two key outcomes for FAPP are 'more parents and children talk to each other about drinking' and 'greater dialogue in the community about drinking and health and related harm'. It would be easy to assume that the impetus to get more parents and children talking to each other should come from the parents, whereas it is worth considering whether some of the former S3 (now S4) pupils from Woodmill School could become 'community educators' of their parents and others about alcohol, as a way to build on the learning in the school by taking it into the community. The recent appointment of a specialist detached youth worker from *Clued-Up* may be a vehicle to explore what young people would like to do next.
- 5.46 The women who have completed the *Feel the Fear* course could also be recruited in a similar way and it would certainly be worth proposing a challenging, but exciting project to them, such as making a community film about alcohol misuse. At the July 2009 consultation event it was suggested that the community should be involved in the design of any public awareness campaign; there was also a positive response to the sharing of personal stories, the mix of people involved and interest in the potential of inter-generational connections within the community.

6. Dunfermline Town Centre

- 6.1 FAPP took the initial decision to include Dunfermline Town Centre as one of four pilot areas. This was based on the recommendation of the Scoping Report; this suggested that issues relating to alcohol and the night time economy in Fife appeared to be *'no different to what is happening across Scotland'*. The three largest Fife towns, Dunfermline, Kirkcaldy and Glenrothes were all considered as a possible pilot site, sharing the common features of a concentration of pubs and night clubs in the main town centre area and associated anti-social behaviour and public order issues, alongside excessive consumption and the attendant risks to physical, mental health and personal safety. This was noted to be an issue late in the evening and the early hours of the morning, particularly as people leave pubs and clubs and gather at taxi ranks, food outlets and outside licensed premises.
- 6.2 The scoping report estimated that on an average Friday or Saturday night, in the town centre areas of Dunfermline and Kirkcaldy, there will be approximately 2500 – 3000 people leaving premises onto the street, many of which are under the influence of alcohol⁷⁹. Dunfermline was chosen as a pilot site rather than Kirkcaldy, as the latter has had many recent projects, initiatives and interventions and a number of examples of good practice were already identified as being underway there.
- 6.3 Since April 2009, the FAPP Project Manager worked to establish relationships with key personnel working in Dunfermline Town Centre to explore how FAPP might add value to their work although no new interventions were developed. Following the FAPP Steering Group's decision in March 2010 to withdraw from focusing on Dunfermline Town Centre, in order to prioritise Touch and Rosyth, key partners were interviewed to assess the degree to which FAPP has influenced interventions to increase safety in the night-time economy in Dunfermline Town Centre⁸⁰.
- 6.4 The key partnership vehicles through which FAPP engaged in Dunfermline Town Centre were the Business Improvement District (known as *Dunfermline Delivers*) and the Safer Towns partnership, a Scottish Government initiative that allows local partnerships to involve local businesses through a levy on the business rates of one percent, which has also been match funded by the local Council. This created a substantial funding pot from which a variety of town centre enhancement, marketing, events, and safety initiatives can be voted on by the 433 local participating businesses.
- 6.5 A number of successful community safety interventions have been introduced in Dunfermline Town Centre over the last three years included a taxi marshal scheme, a safety zone (a shop front where people can come for shelter, advice or first aid, and intoxicated young people can be held while their parents are contacted to collect them), street pastors, themed safety nights on the last payday of each month (Operation Safe Night), and a single radio system that allows business, police and all staff working on safety initiative to communicate on one radio band. This multi-pronged approach has been credited as being very successful and *Dunfermline Delivers* has been held up as a model of good practice by the Scottish Government for other Scottish Business Improvement Districts.

⁷⁹ There is a lesser concentration of pubs and clubs in Glenrothes Town Centre.

⁸⁰ Two staff from Dunfermline Delivers and four police staff (including the Chief Inspector and the Community Sergeant for Dunfermline, and the Force Alcohol Liaison Officer) were interviewed.

6.6 All those interviewed agreed that although the FAPP Project Manager was keen to be involved and spent time building relationships, there had been no contribution of anything of real value to the Safer Towns and *Dunfermline Delivers* projects prior to FAPP deciding not to make Dunfermline Town Centre a pilot area. The police were sympathetic to the fact that the FAPP Project Manager was too busy working in Touch and Rosyth to ever meaningfully get involved in Dunfermline Town Centre. *Dunfermline Delivers* was much more critical of the missed opportunities to work more closely together and felt the involvement had been 'a waste of time'. All stakeholders interviewed agreed that FAPP's involvement, including the Scoping Report, had no influence of their choice of interventions whatsoever; many of the interventions that have been implemented were already planned at the time of the scoping report and none of the stakeholders interviewed acknowledged that the scoping report had influenced them. A possible explanation of these divergent views is the time lag between the scoping study and the engagement by the FAPP Project Manager.

7. Conclusions and forward planning

- 7.1 This section provides some interim conclusions about the FAPP programme. These have been developed in collaboration with members of the Steering Group. They are thus, only partially, an external judgement on the progress of the FAPP. The features of a multi-component programme were outlined in paragraphs 1.16-1.17. These are used below to summarise the progress of the work of the FAPP to date and highlight a number of emerging lessons, on-going challenges and risks.

The existence of a strategic framework with a theoretical basis for action

- 7.2 FAPP now has an agreed outcomes framework; however this was not agreed until May 2010 and this report illustrates the difficulties that have been faced in coming to this agreement. The earliest interventions commenced in the absence of this framework and therefore do not necessarily clearly address the desired FAPP outcomes. This delay resulted from the protracted process of reconciling different perspectives within the partnership about the role of evidence and difficulties within the partnership processes and structures.
- 7.3 This process has also illustrated that there is often an absence of firm evidence of effectiveness and what evidence there is does not always provide a clear basis for *local* action. This situation is more widely acknowledged by those working in public policy and evidence-informed practice. However, given this situation, FAPP still did not agree an alternative agreed framework for clear decision-making. With the more recent agreement of the outcome framework, it is imperative that FAPP now use this framework as part of a clear outcome-focused commissioning and project management strategy.

The identification of problems defined at local levels

- 7.4 This report has been able to draw on available existing data drawn from secondary sources, on both health and anti-social behaviour aspects of alcohol-related harm. This can be useful contextual evidence but is of limited value in framing current issues and appropriate actions at a very small area level. Although the consultation events have generated new primary data, the identification of alcohol-related problems has largely been by the partnership, informed only to a limited degree by available evidence of need. Local consultation has surfaced tensions between the needs and preferences of communities and what professionals want to provide or are prepared to fund. The review and interim evaluation processes have helped to develop a better shared understanding of these issues and this report itself provides an opportunity to share this understanding more widely with key partners.
- 7.5 Whilst it did identify suitable pilot areas, the scoping study does not appear to have been a good basis for practical actions at a local level which requires up-to-date and well grounded local intelligence. In addition, some of the recommendations have not been followed through: although the Steering Group accepted the recommendation that *Community Safety Co-ordinating Groups* should be fully consulted and play an integral part in shaping local activity and interventions, this is not how the FAPP has worked in practice. In addition, the scoping study also recommended that FAPP invest in training in 'partnership working' at a local level, which again was not taken up.

- 7.6 The Scoping Report highlights the difficulties of moving from research *about* issues to action on the ground; this is partly about scale, timing and the limited ‘shelf-life’ of local intelligence. There are broader lessons; the treatment of ‘scoping’ as a one-off exercise separate from the on-going development of the programme has added delay to the implementation stage and sits rather at odds with the stated desire to work with the community, at least in Touch. Scoping of a multi-component programme will need to be a continuous process. Whilst the choice of the specific pilot areas does seem reasonable enough, it may have been more useful to have built a stronger scoping role into the Project Manager’s job description to avoid duplication and assist in a smoother transition from research to action.

A programme of co-ordinated action or projects

- 7.7 A multi-component programme should be a programme of co-ordinated action or projects designed to address the problem based on an integrative design where single interventions run in combination with each other and/or are sequenced together over time. The Rosyth programme is more advanced than that for Touch, however, both have been assembled in the absence of clear agreement on outcomes. As a result, some projects in the programmes are poorly targeted in relation to the outcomes that FAPP hopes to see. Some projects were ‘off-the-shelf’ and in several cases FAPP did not use their influence or adopt a strong commissioning strategy to alter the content or timing of programmes to ensure maximum integration and impact. Funders were also ‘project-led’ in their offers to support the work; choosing or proposing projects they were prepared to fund, rather providing more general resources to support an outcome-focused approach.
- 7.8 With the agreement on outcomes, there now needs now to be strong outcome-focused approach to further commissioning and project management. The outcome framework for each area should be used by the FAPP to critically appraise each intervention to ensure that all interventions are realistically able to deliver on the short-term outcomes for which they claim. This will also require a high degree of flexibility and adaptability on the part of FAPP and their partners; as this programme develops, if on-going learning is to be taken on board, individuals and agencies will need to be prepared to alter their approach, perhaps in mid-stream, to try something different, to accept ‘failure’ and distil the lessons into the on-going programme.
- 7.9 In June 2010, the FAPP Steering Group agreed to recommend an extension to the life of the partnership for a further time-limited period to be confirmed by October/November 2010. This will have resource implications for project management and evaluation which will need to be explored prior to this decision being finalised. In the current financial climate, the prospects for an extension do not look positive and FAPP may well be advised to continue to work to a March 2011 end-date.

Identification, mobilisation and coordination of appropriate agencies, stakeholders and local communities

- 7.10 There is a strong interest across Fife in the FAPP attempts to tackle alcohol-related harm, shown in part by the response to the FAPP Fife Direct Survey. FAPP has also mobilised a number of existing agencies and stakeholders. These include the Police, Licensing Standards Officers, Locality Managers and others active in the CAP, RAP and Touch Tasking Team. Engagement with young people in Rosyth has been limited, although attempts are on-going. Engagement with the independent local traders in Rosyth has also been difficult, although

the new Chair of the CAP may be able to give this a new impetus. Broader community engagement in Rosyth has been limited.

- 7.11 The delivery of the FAPP programmes will crucially depend on their ability to mobilise the efforts of a wide range of agencies and individuals. The key to sustainability of their work will depend on the degree to which 'institutionalisation' or mainstreaming can be achieved; in other words, making tackling alcohol-related harm *'everybody's job'*. FAPP now needs a clear and central strategy in relation to engagement with mainstream services to ensure the delivery of key interventions, maximise alignment between different interventions and enhance the prospects of sustainability after March 2011. Spheres of influence need to be clearly defined and articulated and closer relationships are needed with high-level decision-makers including those in the NHS, Fife Council and Fife ADP. This may have implications for the FAPP Steering Group membership which may need to be widened. The FAPP outcome framework needs to be used to demonstrate the links, connections and potential impacts on other agencies' outcomes and the Fife Single Outcome Agreement.
- 7.12 In relation to community engagement, there is a balance to be struck between the slower pace and consultative approach and a more proactive, stronger focus on delivery, particularly given the limited time remaining. There is a risk that continued delay in seeing much local action could jeopardise the goodwill and commitment already demonstrated by local people and agencies. There needs to be a clear media strategy that has a greater focus on the provision of tailored information to the community in both pilot areas. Creative ways need to be found to get the views of local people; this might include using some of the planned interventions such as the film projects as a means of information gathering⁸¹. FAPP could also link much more closely with the existing Police community engagement activities. Engagement with young people also needs to be stronger; in this respect, the primary responsibility should rest with CLD rather than FAPP; here again the planned training in Alcohol Brief Interventions might be a means to overcome communication issues, build local relationships and promote dialogue between professionals and with young people.

Clearly defined aims, objectives, indicators and measures of effectiveness for the programme as a whole alongside outcome measures for individual projects or activities

- 7.13 An approach to supporting the self-monitoring and evaluation of individual projects has been agreed and work is in progress to ensure that all interventions measure their outcomes and demonstrate how these map to the FAPP outcomes. This must include all FAPP 'branded' activities, not just those for which direct funding is provided. Although the programme outcomes have now been agreed, the expected timescales for impact have been deliberately left undefined as they go beyond the current lifetime of the FAPP to March 2011. This means that, as things stand, it may not be possible to ever evaluate the impact of the programme as a whole. Future evaluation plans therefore are crucially dependent on decisions about the duration and possible extension of the programme.
- 7.14 A number of earlier interventions were not well-framed or targeted to deliver the outcomes desired in the pilot areas. FAPP will now need to take a view about whether they should they be considered to be part of the FAPP programme and be subjected to evaluation.

⁸¹ The web survey will be repeated before the completion of the programme.

Evaluation as an integral part of the programme from the start

- 7.15 This criteria raises questions about what is understood by the term 'evaluation': this tends to be seen as primarily about evaluation of effectiveness, although 'needs assessment', or working with the partnership to review evidence in order to support the development of the programme, is an evaluative function. FAPP have separated out this kind of 'scoping' role by commissioning the evaluation partners over a year after the work of the FAPP began. This also raises questions about when a programme 'starts'; the appointment of the evaluators was seen as early by many in the Steering Group, yet they have worked with the FAPP to review evidence, refine their theory of change and agree outcomes. Ideally this would have taken place at the very commencement of the partnership, treating 'scoping' as a continuous and learning focused process.
- 7.15 At times the evaluation partners have been challenging and critical of the work of the partnership. The evaluators concern to seek clarity about outcomes has been seen by some to have 'slowed things down' and initially met with resistance, both at the Steering Group and the RAP. This may have been because some felt the 'scoping' had already been done. Many on the Steering Group did not particularly wish to engage with evidence; others would cite the lack of evidence of effectiveness after a decision had been made with which they were uncomfortable.
- 7.16 Recent agreement on outcomes is a positive step, but challenges of measurement remain. There are a number of fundamental issues about the basis, scope and validity of evidence that can be generated about short-term interventions to address alcohol-related harm in small community settings. The more explicit discussion of outcomes has helped to tease out different expectations about what evaluation can deliver; for example, some seek proof of impact and wish to be able to attribute impact to specific interventions, yet definitive attribution of outcomes to specific interventions is probably an unattainable goal given the complexity of the issues and the national economic and policy context.

The review of the FAPP Partnership process

- 7.19 One of the objectives of the overall FAPP evaluation is to facilitate reflection and learning throughout the pilot process to inform it's planning, development, implementation, review and roll forward. These objectives were addressed through a review process designed to support reflection on the first 18 months of the partnership, to review its effectiveness, strengths and weaknesses, in order to strengthen the partnership and its ability to deliver outcomes and effect change⁸².
- 7.18 The limited progress demonstrated in this report can in part be attributed to the lack of attention to the development of sound partnership structures and processes. Attention to partnership processes and structures should have been undertaken at an early stage, as indicated in the scoping report. This was a missed opportunity that would have helped the Steering Group to have worked more effectively once the implementation phase was underway.

⁸² This review was conducted during January and February 2010, through a series of individual and paired interviews with 16 FAPP Steering Group members, observers and a former member.

- 7.19 To put this in context, the difficulties of partnership working have been well documented in other research; *“Collaboration is by nature inefficient. It is only sensible to collaborate if real collaborative advantage can be envisaged. The strongest piece of advice, therefore, is ‘don’t do it unless you have to’”*⁸³. Clearly, difficulties in partnership working are not unique to the FAPP and experience from elsewhere suggests that it is possible and worthwhile to address difficulties to enable partnerships to achieve their goals.
- 7.20 The review process acknowledged these difficulties and highlighted:
- A lack of attention to the development of the partnership.
 - The failure to develop an effective Steering Group and to manage meetings well.
 - A lack of agreement about alcohol-related harm and key outcomes.
 - A lack of clarity of roles and remits.
 - A lack of clarity about the relationship between the ADP and the FAPP.
 - The insufficient development of the Project Manager role.
- 7.21 There was considerable consensus and coherence of views amongst those interviewed. A workshop held in March 2010 showed there was also an appetite to resolve the issues identified and a number of plans were put in place to take action forward. The process produced a tangible shift in attitudes. Practical results included the agreement on the outcomes framework. The Steering Group agreed to identify and make better use of the expertise of the individual members in the planning and delivery of FAPP’s work, in order to better support the Project Manager. Each project now has an identified ‘project champion’ who will help to manage expectations of the project/FAPP, focus on communication about the project and the longer-term options for the potential continuation of the project or exit strategy. The quality of Steering Group meetings has improved with a more positive spirit, greater participation and demonstrable commitment from some stakeholders to make progress.
- 7.22 In June 2010, the partnership agreed that a new governance strategy needs to be developed. This will seek to make FAPP meetings more strategic, by creating sub-groups that have responsibility for key areas that feed into the FAPP Steering Group. The formal relationship between the ADP and FAPP is key to the sustainability of this work on alcohol-related harm and it is also necessary to confirm and formalise this relationship to secure the FAPP legacy.

Prospects for action research

- 7.23 There are many barriers to action research, including a lack of trust, poor relationships and a lack of openness to challenge and having professional assumptions questioned⁸⁴. The FAPP partnership governance and management processes adopted did not allow these issues to be openly discussed and resolved and the evaluation process was initially not able to compensate. By the time the evaluation partner was appointed, partnership structures and ways of working had already been established and were more suited to operational delivery and accountability than the necessary dialogue about purpose and outcomes.

⁸³ See for example, *Doing Things Collaboratively: Realizing the Advantage or Succumbing to Inertia?* Professor Chris Huxham and Siv Vangen, *Organizational Dynamics*, Vol 33, No 2 2004, University of Strathclyde

⁸⁴ Sharp, C. (2005) *The Improvement of Public Sector Delivery: Supporting Evidence Based Practice through Action Research*, Scottish Executive. Table 5.1, pp27-29

- 7.24 Action research requires that all parties adopt a strong and explicit 'evaluative approach' to their work; now more positively, the review and interim evaluation processes do appear to be bearing fruit in terms of agreement on outcomes, the development of new understandings and better working relationships. The achievement of full collaborative advantage and a new level of maturity will require a great deal of on-going energy, commitment and care, from all parties, including new partners brought into the process to enable FAPP to meet its ambitions.
- 7.25 It is hoped that this interim report can convey the nature of the ambition of the FAPP and the challenges of the delivery of the programme. As the multi-component programme begins to be implemented, this is a good time to engage practitioners, multi-agency partners and wider communities more actively in a more systemic and reflective approach to evaluation that supports self and peer review and wider dialogue and sharing of lessons. Local delivery structures such as the CAP, RAP and Touch Tasking Team should now be in a better position to act as an 'action research' hub of the monitoring and evaluation process, to support the process of ongoing learning from experience amongst practitioners and multi-agency partnerships and address barriers to effective partnership working *as they arise*. One of the great strengths of this kind of approach is that quality criteria or 'success factors' can be generated by the participants themselves.
- 7.26 It may also be worth bringing together local stakeholders with wider agency partners and national players with a key interest in alcohol harm and misuse in a larger event explicitly designed to test out and validate the emerging findings, survey the wider context and related developments and disseminate learning more widely. The timing and detail of this proposed approach will be agreed with the FAPP.