Dudleston Harkins
Social Research Ltd

Review of Community Alcohol Campaigns Final Report

July 2014

Prepared for:

Glasgow City Alcohol and Drug Partnership

Review of Community Alcohol Campaigns

Final Report

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Executive Summary

Background

The research reviewed Community Alcohol Campaigns (CACs) that have taken place in Greater Glasgow and Clyde since 2004. The campaigns have been influenced by a range of policy and research (including the Glasgow City Joint Alcohol Policy (2007), the Ripple Effect research (2008) and the Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model (2008)) and have developed into multifaceted approaches, requiring effective multiagency working, which respond to local need.

Methodology

The overall aim of the research was to inform a consistent and cost effective model for future CACs in Glasgow City. The research applied a mixed method approach comprising a review of documentation relating to the campaigns, qualitative research with 38 key stakeholders and a qualitative validation exercise with 7 key stakeholders who operate at a decision making level. Respondents included representatives from NHS Health Improvement, Community Safety, the Police, Licensing Standards, Youth Providers, Voluntary Organisations and the licensed trade. Issues covered during the interviews included policy and rationale, campaign details such as outputs and outcomes, key partners involved, materials, monitoring and evaluation, budget, whether campaign was considered to offer value for money, and good practice suggestions.

Research findings

Policy and Rationale

- There is a strong rationale behind each campaign, where information has often been drawn from a range of sources including Community Safety Intelligence and the creation of an analytical product to identify which community to target. However, it was suggested that community consultation could be improved upon to better tailor and target the campaign and activity.

- Good practice included a shared vision and working towards policy, a clear rationale behind the targeting of the campaign, community consultation so the campaign is tailored to the needs of the local community, and ensuring activity follows the best practice and evidence base of the P&E model.

Partnership Working

- An established multi-agency steering group is central to the success of the campaign, particularly a group that meets regularly throughout the course of the campaign, has a strong lead and whose members are committed and motivated and have a shared understanding of their roles and responsibilities.

- Core partners were NHS Health Improvement, Community Safety Services, Police Scotland, Licensees, Licencing Standard Officers, Voluntary Organisations (akin to GCA), Youth Providers and Glasgow Life/local Culture and Leisure Provider.

- Rather than there being a prescribed organisation leading the campaign, it was suggested that it should depend on the individual organisations and established relationships in each area and the motivation, capacity, skills and understanding of the individual.

- A fundamental barrier to effective partnership working was conflicting priorities and agendas, particularly surrounding antisocial behaviour and health improvement.

- Good practice included a partnership agreement developed by the steering group at the outset, which outlines the desired outcomes, relevance and key policy for partners.

Awareness Raising

- Awareness raising has involved a range of methods including launch events, local organisations promoting the campaigns using flyers and posters, promotion in schools, radio advertising and letters to residents. .

- There is a perceived need to refresh this element of the campaign, to consider more innovative methods and methods more suitable to young people such as the use of social and multimedia.

- Good practice involved frequent and consistent awareness raising so the campaign becomes a recognised brand and street workers raising awareness of the campaign with more disengaged young people.

Licensees

- Much effort and resource has been invested in working with licensees. This work has developed to consist of off sales watch meetings, provision of training manuals, materials to display in premises, and visits by Licensing Standard Officers and Community Enforcement Officers to view refusal books (where completion is a requirement for their license).

- It was generally agreed that fostering a supportive relationship between Licensing Standards and licensees was key to the success of the campaign.

- Barriers included the licensees' focus on profit and competition with other licensees rather than social responsibility and the consideration of the long term health impact for young people, and the resources required to hire venues for the off-sales watch.

- Good practice included open communication between licensees and Licensing Standards, allowing licensees to take ownership of the campaign, ensuring an off sales watch is targeted and bespoke to a small, localised area, aiming to make licensees feel more supported and empowered, and providing something of interest to encourage attendance at off-sales watch meetings.

Diversionary Activities

- The diversionary aspect of the campaign involved either advertising and promoting existing provision or commissioning youth provision on weekend evenings (which was in many cases the most costly aspect of the campaign) to compliment and/or supplement existing provision.

- Providing a choice of diversionary activities for young people at key times (i.e. weekend evenings) is an important element of the campaign. Activity has involved football (described as a "fantastic tool'), dancing, face painting and DJ classes. Other activity includes street

workers encouraging less engaged young people to attend, brief interventions provided by specialist voluntary organisations and training for youth staff on drugs and alcohol.

▪ The need for a longer term approach, with time being required to establish trusted relationships between staff and young people, was highlighted.

▪ Good practice involves the use of local organisations with local knowledge and established relationships with local young people, providing a variety of activities for males and females, and creating a legacy for young people so rather than simply providing diversionary activities, other opportunities are offered such as volunteer development programmes.

▪ Barriers included short term funding meaning that organisations cannot plan ahead, the lack of premises open on weekend evenings, ethnic tension and territorialism (which can be overcome with time), and ensuring the provision reaches those most in need.

▪ A key recommendation from the review would be statutory provision for young people on weekend evenings, rather than the campaign having to fund such provision.

Other Activity

▪ There is currently much work being undertaken in schools in relation to alcohol prevention and education, however, this activity does not currently link specifically to the CACs. Barriers were faced in terms of negotiating access to schools, particularly to revisit schools to evaluate the sessions. Suggestions of ways in which the campaigns could link more specifically with schools included working with partners to provide training on the impact of alcohol on young people (including risky behaviours) and using schools as a means of consulting with parents and promoting the campaigns.

▪ A clear research finding was the need for future campaigns to revisit the issue of agent purchase using up-to-date and innovative methods. The problem with agent purchase was said to belittle the other achievements of the campaign. It was suggested that awareness raising was required with young people, parents and the general community.

- Voluntary staff have provided youth providers with alcohol, drug and youth work training which was perceived to be a huge benefit for staff working with young people.

- A key perceived gap was the lack of investigation of displacement of the issue, either in terms of young people accessing alcohol in nearby communities, or increased drinking in the home.

Materials

- A range of materials have been developed both to promote and raise awareness of the campaign in the local community and to support licensees in making refusals.

- Involving the community in the development of materials comprises good practice, with this being recommended for the future, given the perceived need to refresh the materials for future campaigns. Ensuring information is localised is also key.

Monitoring and Evaluation

- Monitoring and evaluation has been a considered element of the campaigns since their development, although not always at the planning stage so this can be built into the campaign. This has included community consultation (including with licensees and school pupils), reports, statistics, surveys and monitoring data provided by youth providers.

- Barriers have included lack of planning time for the campaign leading to a lack of agreed outcomes and indicators and ways of measuring these, lack of resources to properly monitor and evaluate; reliance on self-reported data; recognised difficulty in evidencing the true impact of preventative initiatives; and attributing impacts specifically to the campaign rather than other factors.

- Good practice includes the consideration of monitoring and evaluation at the planning stage, evaluation being undertaken with all key target groups, and applying a pre and post methodology where possible.

- A key finding of the review is the lack of consistency across campaigns in relation to monitoring and evaluation, which creates difficulty in making comparisons across campaigns and establishing which factors are instrumental to the effectiveness of the campaigns.

- Ensuring a more consistent approach to monitoring and evaluation is highly recommended.

Value for Money?

- The budget for campaigns varied considerably from approximately £1,000 – £22,500.

- Establishing whether the campaigns are value for money is difficult to determine at times, given the preventative nature of much of the work undertaken.

- Some campaigns have managed to run on very small budgets and have been dependent on the good will of key stakeholders undertaking activity as part of their daily role (with it being argued that this should in fact be the case as key stakeholders are benefitting from the campaign).

- Significant resources have been required for the funding of diversionary activity, and so removal of this cost (by statutory provision being available on weekend evenings) would significantly reduce the cost and increase the sustainability of campaigns.

- Good practice included key stakeholders offering their time and activity as part of their everyday role, a dedicated funding stream allowing for the better planning of activity and applying a consistent approach across NHSGGC, to streamline the campaigns to some extent and remove duplication of effort.

Sustainability

- There was some conflict of opinion as to whether campaigns should be short and sharp (no longer than 6 months) or more of a continuing intervention, where aspects of the campaign are run seasonally. .

- Stakeholders highlighted the need for the campaigns to have a legacy and be sustainable, with a longer term approach being required to change the culture of underage drinking in Glasgow communities. Good practice in terms of legacy included increased and continued partnership working between key stakeholders, established relationships between local youth providers and young people, alcohol and drugs training for staff, additional opportunities for

young people and continued off-sales watch and/or improved relationships among licensees, and between licensees and Licensing Standards.

Recommendations

- The review generated a large number of recommendations in relation to the future running of the campaigns. These included four key recommendations which are as follows.

1) It is recommended that activity should be undertaken in terms of a long term community alcohol strategy rather than a campaign.

2) It is recommended that there is a centralised approach to CACs across the NHSGGC area, including a dedicated funding stream.

3) It is recommended that statutory provision of diversionary activities on weekend evenings is considered.

4) It is recommended that there is a period of development involving the production of a toolkit that could be used across the NHSGGC area.

Validation Exercise

Stakeholders were generally supportive of the key recommendations, and perceived there to be many benefits to having a long term consistent approach to the campaigns which involved a pilot, developmental phase as a starting point. Issues were raised about the budget required for a long term approach and the funding of statutory diversionary provision, difficulties ensuring commitment from stakeholders to a longer term approach, and the need to ensure campaigns were devolved to local steering groups and bespoke to the local area (including local areas deciding on the budget for the campaign). However, stakeholders were in agreement that developing an evidence based toolkit and approach linked to the SOA targets would allow for the future monitoring and evaluation of the campaigns and ensure a consistent approach across the NHSGGC area.

Chapter 1   Introduction

1.1   Background and introduction

1.1.1   The current research provides a review of Community Alcohol Campaigns (CACs) that have taken place in Greater Glasgow and Clyde since 2004. The overall aim of the research was to inform a consistent and cost effective model for future CACs in Glasgow City. The research applied a mixed method approach comprising a review of documentation relating to the campaigns, qualitative research with 38 key stakeholders and a qualitative validation exercise with 7 key stakeholders who operate at a decision making level.

1.1.2   Glasgow City Off Sales/CACs began in 2004 as a series of smaller initiatives funded by Greater Glasgow and Clyde Alcohol Action Team (GGCAAT) based on recommendations and actions identified in some key national and local policy documents and research. The campaigns gained momentum following the publication of key documents such as A National Alcohol Strategy: Safe, Sensible, Social (2007)[1] which included recommendations for toughened enforcement of underage

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[1] http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publichealth/Healthimprovement/Alcoholmisuse/DH_085386

sales, public information campaigns to promote sensible drinking, and support for local alcohol strategies; and the development of the Glasgow City Joint Alcohol Policy (2007)[2] which identified action areas as the development of detailed actions to ensure the enforcement of the restrictions in the Licensing (Scotland) Act 2005[3] aimed at underage sales, and support for strong and active local forums in promoting community based responses to the problems caused by alcohol.

1.1.3   The 2008 'Ripple Effect'[4] was a Glasgow City alcohol and communities survey (funded by the GGCAAT and Communities Sub Group) which sought to examine through direct community consultation, whether Glasgow City communities felt that alcohol affected their community, and if so, to identify and examine these effects. Local volunteers were supported to undertake the research. Crucially, key solutions identified by the community from the research were built into the model of practice for subsequent off-sales campaigns. The identified solutions were: -

- ▪ Restrictions/conditions on sale of alcohol

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[2] http://www.glasgow.gov.uk/CHttpHandler.ashx?id=3804&p=0

[3] http://www.scotland.gov.uk/Publications/2007/04/13093458/2

[4] http://www.ripple-effect.co.uk/

▪ Law enforcement (generally)

▪ Education and awareness of alcohol issues

▪ Inclusion through activities/employment and education for young people

1.1.4   The Greater Glasgow and Clyde Alcohol and Drug Prevention and Education (P&E) Model (2008)[5] introduced a model of good practice for prevention and education activity based on Holder's "systems approach" for communities using specific initiatives relating to alcohol consumption, retail sales, regulation and social norms to help tackle alcohol related problems. The multi-component Off Sales campaigns cut across the 12 core elements of the P&E model demonstrating good practice.

1.1.5   The update of the model in 2012 provided implications for practice in relation to community approaches. These included the need for multifaceted approaches, ensuring support and contribution from all key stakeholders, the need for evidence based practice, ensuring the intervention is appropriate for the target group and community setting, a focus on increasing protective and reducing

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[5] http://www.phru.net/mhin/Prevention%20and%20Education/P%20%20E%20Model%20FINAL.pdf

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risk factors within the community, considering community interventions as long term strategies and using local surveys to demonstrate outcomes.

1.1.6   Off Sales Campaigns were influenced by this policy and research and have developed into multifaceted approaches, requiring effective multiagency working, which respond to local need.

The table provides a summary of campaigns that have taken place since 2004.

1.2   Summary of Campaigns

Name of Campaign	Year	Area
"Do Us A Favour"	2004	Glasgow City, East Dunbartonshire, East Renfrewshire, West Dunbartonshire and South Lanarkshire
GA Sub Division Off License Campaign	2007-2008	Govan
Ward 13 Off Sales Campaign	2009	Yoker, Scotstoun, Knightswood
Off Sales Campaign	2009	Springburn Possilpark & Maryhill
Off Sales Campaign	2009-2010	Renfrew
Off Sales Campaign	2009-2010	Govan
Ward 10 Off Sales Campaign	2010	Anderston/City
Off Sales Campaign	2010	Calton Multi Member Ward Area
Off Sales Campaign	2010-2011	Shettleston Multi Member Ward Area
Be Your Own Boss	2011	East Dunbartonshire
Off Sales Campaign	2012	Anderston/Yorkhill
South Community Alcohol Campaigns	2010-2011 2012-2014 2012-present	Ibrox and Cessnock Ibrox, Cessnock and Govan Govanhill
Community Alcohol Campaign	2013	Scotstoun and Maryhill
Community Alcohol Campaign	2013	Erskine
Community Alcohol Campaign	2013	Johnstone

1.3 Methodology

1.3.1 The review consisted of a mixed method approach comprising a review of documentation linked to the campaigns, qualitative interviews/focus groups with key stakeholders and a qualitative validation exercise which assessed the key research recommendations.

1.3.2 The key aims of the research were to:

- Review campaigns across Greater Glasgow and Clyde that have taken place since 2004 and any other relevant models;

- Identify the key components of a CAC which allow scope for local variation/enhancement in line with community needs;

- Identify the role and remit of the key partners and assess the relevance and impact of campaigns on their key work areas and outcomes;

- Assess the impact of current campaigns on licensees, young people, local businesses and communities; and

- Provide recommendations for consistent and cost effective CACs in Glasgow City, including best practice.

1.3.3 For the documentation review, the steering group provided the research team with a range of documents. Examples included evaluation reports created by steering group members, intelligence reports and a range of materials including posters, flyers and Snapfax. A full list of documentation is included in the Appendix. The documentation was analysed in terms of key themes linked to the campaigns including rationale, key stakeholders involved, monitoring and evaluation, and recommendations. Rather than reiterating specific details provided in the reports, the aim was to identify good practice and supplement the information provided during the qualitative research.

1.3.4 The qualitative research took place between January and April 2014. The steering group identified an initial list of stakeholders who were contacted by the research team by email in the first instance, to explain about the research and ascertain willingness to be involved. A snowballing approach was also used, with stakeholders identifying other individuals whom they considered to be a

partner in the campaign. A total of 38 key stakeholders took part in a qualitative interview, paired depth or focus group. Respondents included representatives from NHS Health Improvement, Community Safety, the Police, Licensing Standards, Youth Providers, Voluntary Organisations and the licensed trade. The sample of participants in terms of organisations represented appeared to reflect the level of input from such organisations in campaigns. The majority of the research took place face to face (n = 33) with the remaining 5 stakeholders taking part in a qualitative telephone interview. Issues covered during the interviews included policy and rationale, campaign details such as outputs and outcomes, key partners involved, materials, monitoring and evaluation, budget, whether campaign was considered to offer value for money, and good practice suggestions.

1.3.5   A draft report including recommendations was submitted to the steering group in April 2014. During May - July 2014, a qualitative research validation exercise was undertaken with key stakeholders to assess the appropriateness of the recommendations. A total of 10 stakeholders were approached (representing NHS Health Improvement, the ADP, Education, Community Safety Glasgow, Licensing, Community Policing, Voluntary Organisations and Glasgow Life) with 7 taking part in a qualitative interview.

Chapter 2   Policy and Rationale

Campaigns having a sound rationale and being linked to the policy drivers shared by the multiagency steering group was considered good practice. Although steering group members often had a different outcome focus, there was generally a shared vision of reducing alcohol related harm in the community. This section outlines the key policy associated with the campaigns, and the many differing factors considered when deciding on where to run a campaign.

2.1   Key findings

2.1.1   Campaigns were said to link with the: Alcohol (Scotland) Act 2010, SOA (reducing accessibility of alcohol for people under 18, whether they are purchasing alcohol or agents buying it on their behalf, reducing incidence of antisocial behaviour), ADP strategy (around preventing alcohol and drug use, prevention and recovery), Prevention and Education Model, Glasgow City's Licensing Board's Policy Statement, and the Ripple Effect.

> *It's a package and that is in line with what the P&E Model was all about, a kind of systems approach…it's about things combining rather than looking at outcomes for individual organisations. (NHSGGC)*

2.1.2   There appears to be a strong rationale behind each campaign, where information has often been drawn from a range of sources including: statistics for youth disorder; antisocial behaviour and alcohol related harm; community safety hubs and community consultation (with parents, taxi drivers, community members, licensees); mapping of drinking dens; concentration of local off-licensees; referrals to youth addiction services; and liaison with the ADP. Some campaigns have involved Community Safety Intelligence and the creation of an analytical product to identify communities to target. However, it was suggested that community consultation could be improved upon to better tailor and target the campaign and activity.

> *A map about alcohol related harm…almost exactly the same as the anti-social behaviour map. You could overlay them, map all these things out so that our resources can be deployed. It did show that joining the community safety and the health side is important. (Community Safety Services)*

> *I think it has to be targeted appropriately…you need to properly identify what the issues are before you go in and try and solve them…there also needs to be a good community*

knowledge so community intelligence wherever it has come from. Ideally you would go to the local community council and say 'we're thinking about doing this here' right at the offset. You need to know what the issues are before you go in. (Community Safety Services)

2.1.3   There is some conflict over the main rationale for campaign, whether that be antisocial behaviour or more health issues.

We need to use whatever intelligence we have, not just like 'that's a bad place', that seems to be the key driver at the moment for where we pick but…the key driver for us is to develop some sort of ongoing relationship with people in that community which doesn't seem to happen at the moment. (NHSGGC)

2.2   Good practice

2.2.1   Shared vision and working towards policy.

2.2.2   A clear rationale behind the targeting of the campaign, involving information gained from a range of sources including Community Safety data and mapping of areas. This helps to justify the need for a campaign and reduce different agendas influencing the targeting of campaigns.

All the partners agree to that…police, councillors, health so…it gives us great opportunity to move it forward. (NHSGGC)

We can show people why we are doing it and that is one of the benefits of having our analytical team because we could go to partners and say 'we need to do an alcohol campaign'...You might have difficulties with some of the local partners because they don't agree there is a problem or they have got another priority but if you can go with a proper intelligence lead product, we have not really had any great problems getting people on board. (Community Safety Services)

2.2.3   Ensuring community consultation so the campaign is tailored to the needs of the local community.

2.2.4   Linking with Ripple Effect ACEs for community consultation.

2.2.5   Ensuring activity follows the best practice and evidence base of the P&E model.

Chapter 3   Partnership Working

Having a multiagency steering group working in partnership to deliver a campaign is integral to its success. This appears to have evolved over time, with current campaigns having key input from a range of partners including NHS Health Improvement, Community Safety, the Police, Licensing Standards, Voluntary Organisations and licensees. Good practice includes early agreement of the desired outcomes and a partnership agreement being in place.

3.1 Key Findings

3.1.1   A key element of the success in any campaign appears to be an established multi-agency steering group that:

- meet regularly throughout the course of the campaign;

- has a strong lead; and

- members have a shared understanding of their roles and responsibilities and are able to contribute ideas based on their perceived experience and knowledge.

   A key enabler is established steering groups with members who are aware of their role and responsibilities within the group, and who have a lead. As well as having the necessary organisations represented, also have the correct people from those organisations who are willing to take on work and who have an awareness and understanding of the campaigns, and work in partnership with steering group. Basically, a well-functioning group. (Community Safety Services)

   Everyone in the steering group is coming up with great ideas but everyone takes everyone's point of view on board. (Licensing Standards)

3.1.2   Members being committed and motivated, rather than having more of a peripheral role was also viewed as fundamental.

   If [type of stakeholder] are going to participate in this, they need to be heavily involved. It can't just be one or two meetings and then back-off. It takes a lot to get the people on board. (Licensing Standards)

3.1.3   Core partners were NHS Health Improvement, Community Safety Services, Police Scotland, Licensees, Licencing Standard Officers, Voluntary Organisations (akin to GCA), Youth Providers and Glasgow Life/local Culture and Leisure Provider.   Additional partners included local housing associations, recovery community members, Community Planning, Education, parents, Environmental Services, Fire Safety, Community Learning and Development, local councillors and Corporate Communications.

3.1.4   Key gaps were perceived to increasing the role of (or better linking with) Education, parents and the local community (ensuring the campaign reaches all groups within the community, including those less engaged).

3.1.5   There was general agreement that rather than a prescribed organisation leading the campaign, it should depend on the individual organisations and established relationships in each area and the motivation, capacity, skills and understanding of the individual.

3.1.6   A fundamental barrier to effective partnership working was conflicting priorities and agendas, particularly surrounding antisocial behaviour and health improvement which linked to associated differences in opinion about the ideal length of a campaign, i.e. short and sharp to tackle anti-social behaviour or longer term to demonstrate health impacts.   Other barriers included a high turnover in staff (particularly in Police Scotland) leading to the breakdown of established relationships; and conflicting statistics produced by different organisations.

> *What people want from an off-sales campaign is for things to improve from an anti-social behaviour point of view….the community is suffering and it has to stop so that is more of an enforcement thing...I'm not sure community alcohol campaigns should have that kind of a health focus. (Community Safety Services)*
>
> *From the health point of view they are probably looking at long term because it is hard to change someone's behaviour but if you are protecting the community from a policing side or the community safety side you might want something quicker. (Community Safety Services)*
>
> *Conflicting statistics - that was a bit of an issue and that is something I think would have to be clarified…Having definite measures and having a mechanism in place to feed that information through. (Police Scotland)*

3.2 Good practice

3.2.1   Effective communication and partnership working between steering group members. Examples include regular steering group meetings which allow for the establishment of relationships, joint working and the sharing of good practice. There was a sense that activity and effort from different organisations has been co-ordinated to produce effective campaigns.

> *We developed links. There were a number of partners who we never had contact with before…the licencing standard officers, the local police, the youth providers…coming together to tackle something on an area wide basis which we never necessarily done in the past. (NHSGGC)*

> *What is good is bringing individuals together to work on a specific campaign or a specific task…the relationships between those services which wouldn't have been as strong and subsequently would have helped all those organisations when working together in the future. (Community Safety Services)*

3.2.2   Consistent, committed and enthusiastic steering group members who are willing to take ownership and responsibility to action their aspects of the campaign.

> *What is really important is the commitment displayed by each of the partners….If that organisation wants to get the benefit of this then they have to be committed to it. (Police Scotland)*

> *The partners involved has been crucial to success of the campaign…they give it energy and momentum and if you don't involve the right partners then there will never be success. It quite often comes down to not just the right partners but the right individuals from these agencies. (Community Safety Services)*

3.2.3   A defined lead who has drive, commitment and an understanding of different partner organisations with different outcomes.

3.2.4   A partnership agreement developed by the steering group at the outset, which outlines the desired outcomes, relevance and key policy for partners.

> *You've got to ensure that all the key partners voice what their priorities are up front so it's clear what people have in common, and then clear objectives should be set and the objectives should have indicators in terms of evaluation and that all has to be clarified I think in the first two meetings… if it's not then that will lead to real problems because you start getting people's conflicting priorities and that can then lead to problems later on in terms of delivery. (NHSGGC)*

Chapter 4   Awareness Raising

Awareness raising has involved a range of methods including launch events, local organisations promoting the campaigns using flyers and posters, radio advertising and letters to residents. There is a perceived need to refresh this element of the campaign, to consider more innovative methods and methods more suitable to young people such as the use of social and multimedia.

4.1 Key findings

4.1.1   Communicating the campaign to the local community was perceived as crucial, with it being suggested that methods needed to be reviewed and updated. The aim of raising awareness is to continually promote the message of the campaign and make the campaign a recognised brand.

> *There should be a really strong communication plan behind any campaign because I think you really want to be highlighting what's going on and why it's going on and what people can do to get involved in it. (NHSGGC)*

> *Communications was always a key point on our agendas and how we are communicating with the wider population. That could be enhanced…It's maybe time to revisit! (Community Safety Glasgow)*

4.1.2   Raising awareness of the campaigns involved a range of methods including:

- posters (focusing on agent purchase, designed after consultation with young people);

- flyers and articles advertising the campaign in licensed premises, local press, subways hospitals, GP surgeries and health centres, libraries, local housing associations, supermarkets, bus shelters and bus timetables;

- radio advertising (including both adverts and dedicated shows) and limited advertising on television;

- promotion in schools (particularly the diversionary activity), and letters being sent to parents;

- promotion by local housing associations;

- public reassurance letters sent to residents;

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- launch events and roadshows held in local venues (such as schools) and attended by pupils, community members, licensees, key stakeholders and the local press.

4.1.3   More innovative methods to promote the brand and attract interest include competitions in the local press and using footballers in posters.

> *We went to a local paper and we said 'we have an IPod Nano, we want space in here every week for 4 months'. We ran a competition… we went round some of the licensees…and got some free meals...and we put in a health related request every month…They got thousands of responses, absolutely tonnes….it kept it in the paper every week…to try and keep it alive for the period of the campaign, try and keep it reasonably fresh. (Licensing Standards)*

4.1.4   Street workers and voluntary organisation staff have a key role to play in terms of promoting the campaign to the most disengaged young people.

> *When you are identifying particularly your more chaotic youths, we would get street workers out just talking to them….they would tell people what's on and help them in. Sometimes that going across the door can be quite daunting particularly for kids if they are not used to it. Making sure that that was possible was a big part of it. (Youth provider)*

4.1.5   Recently, there has been a perceived shift to increased promotion of diversionary activity rather than agent purchase. However, the need to revamp and reprioritise the agent purchase side of the campaign was viewed as a priority.

> *We have moved more towards promoting the youth side rather than before it was probably a poster about the agent purchasing….that is maybe not happening as much now because it has been out there and people have seen it. Focussing more on what is actually happening for the young people. (NHSGGC)*

> *Raising awareness in the communities so that adults then become more responsible…it's about making it really clear to people that this is what is expected of you, this is what you are responsible for and if you break the rules this is the consequences. (Licensing Standards)*

4.1.6   For one campaign, the steering group made a concerted effort not to advertise the campaign:

> *We made a conscious decision not to publicise it at all so we could work out if it was working, i.e. are the young people not drinking because there is no point as the campaign is running, or is the project working because of what we are doing? (Licensing Standards)*

4.1.7   Suggestions for future awareness raising included better communication and engagement with the community, better and more sustained buy-in from newspapers and TV, and more effective linkage with health hubs so they can promote the campaign to young people.

4.1.8   The need to use social media was a common suggestion, such as group texts, Facebook and Twitter. It would appear crucial to investigate this avenue, alongside other approaches to appeal to and communicate with young people via their preferred methods.

> *There probably are more things we can do using social media,…I know we are now exploring using more social media like Twitter...that might be a new avenue that we can increase our effectiveness even more. (Community Safety Services)*

> *The key difficulty is 'you are 15, what appeals to you? What is uncool and what is non-relevant and what would you bin?' Today's generation is based on quick fire, internet access etc. The days of sticking a poster up are gone. (Licensing Standards)*

4.2 Good practice

4.2.1   Consideration of innovative and up-to-date methods of raising awareness including the use of social and multimedia.

4.2.2   Frequent and consistent awareness raising so the campaign becomes a recognised brand.

4.2.3   Street workers raising awareness of the campaign with more disengaged young people.

Chapter 5 Licensees

Throughout the course of the campaigns, there has been much effort and resource invested in working with licensees. This work has developed to consist of off sales watch meetings, provision of training manuals, materials to display in their premises, and visits by Licensing Standard Officers and Community Enforcement Officers to view refusal books (where completion is a requirement for their license). It was generally agreed that fostering a supportive relationship between Licensing Standards and licensees was a fundamental factor impacting on the success of the campaign.

5.1 Key Findings

5.1.1   This part of the campaign aims to use the knowledge and expertise gained from working with the on-sales trade with the off-sales trade who can often feel isolated in comparison.

5.1.2   Activity undertaken with and by licensees was perceived as critical to the success of the campaign.

5.1.3   The general ethos of work with licensees appears to vary from area to area, ranging from more of an enforcement to a supportive focus.

- Enforcement focus: involves targeting of problem premises and liaison with licensees to emphasise their responsibility as a licensee and the benefits of involvement in the campaign.

  To set a marker saying 'here's what we expect in relation to your off-sales' before we go out and enforce - 'the campaign is coming, here is what we expect on your premises, here is the standard we expect so you've been told now and should you fall foul of it we will say we told you so'. (Licensing Standards)

- Supportive focus: perceived priority of the campaign was to establish positive working relationships with licensees and create a supportive ethos whilst also ensuring enforcement is undertaken, e.g. test purchase operations have resulted in off-licences being removed from campaign, although licensees are given opportunities to improve practice before this stage. Licensees are made aware that involvement in the campaign does not exempt them from adhering to licensing regulation.

It's got to be getting the licensees on board and it's not about giving them a talk for an hour and telling them stuff. It's about building up those relationships…if they don't feel they are being supported it's not going to work. (Licensing Standards)

5.1.4   Work undertaken by key stakeholders has involved:

- Coordinating and holding Off Sales Watch meetings: perceived benefits include allowing licensees to liaise with each other; giving them a voice; increasing co-operation and reducing competitiveness; increasing confidence that they can be supported by peers; and a more positive way for engagement between licensees and Licensing Standards.

  We spoke to them about coming together almost like their own community team to be able to work closer and regulate themselves almost to a certain degree. Not only was it showing a willingness to Licensing but it was showing that they were a good practicing licensee and they were responsible within their community, and they liked it. They formed it, they met regularly, they created their own logos and badges to show that they were part of this scheme. (Community Safety Services)

  These meetings are basically getting everyone together…so you know you've got that message out to a group of people which is better than individually finding things wrong and taking action against them so they are kind of getting the heads up on what we are looking for. (Licensing Standards)

- Providing radios with a link to local police stations.

- Providing City and Guilds Training booklets (which cover the mandatory training required by anyone who works with alcohol) with the intention of offering a standard approach to training across the off sales watch.

  They have got an obligation to get their staff to a certain level of training but how they document that isn't the same across the board. We gave them the best possible training techniques and materials. (Community Safety Services)

  The training manuals which…makes our job easy, because when we go in and see something of that quality you are slightly reassured…equally when something goes wrong, we have an intervention process which we identify a flaw and a lot of the times the flaw is easily addressed by retraining. (Licensing Standards)

- Making regular visits to licenced premises: viewing refusal books; reminder of policies and campaign; and encouraging involvement in the campaign.

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- Launch, with licensees being invited to an information session and given goody bags.

- Highlighting factors that can increase the licensees' safety and increase their confidence in making refusals (i.e. public space cameras linking with refusal books etc.).

- Highlighting social responsibility and health impact, so encouraging licensees to promote diversionary activities to young people (although it was recognised that this aspect of the campaign could be improved upon).

> *There has been a lot of time spent explaining what this campaign is about and they appreciate that if a youngster comes in and asks to buy a bottle of cider, they say 'no I'm not selling you it but see if you go round the corner there is a game of football' so they are actually directing people to the diversionary activities…it reinforces the social responsibility idea, putting the onus back on them. (Police Scotland)*

5.1.5   Bottle marking/coloured bags: These schemes have been tried using differing methods with limited success. Problems included: difficulty viewing the ultraviolet numbers in the summer months; licensees using coloured bags for groceries rather than alcohol per se; buy in from licensees to adhere to the campaign and use the materials properly; resources required in terms of cost of materials and time to properly monitor the initiative; and buy in from cleansing to collect the bottles.

> *It was time consuming, it was resource intense, it was costly….the turnover in terms of stocking shelves and stuff doesn't work, it's too high. We tried carrier bags at one point as well, that didn't work. We were getting a loaf of bread at the licensed grocers, absolutely nothing to do with alcohol. (Community Safety Services)*

5.1.6   Barriers included the licensees' focus on profit and competition with other licensees rather than social responsibility and consideration of the long term health impact for young people, and the resources required to hire venues for the off-sales watch.

> *Cost is a challenge because of the off-sales watch not having a venue…that is something that will have to be taken into account in the longevity of the off-sales watch. (Licensing Standards)*

> *I suppose the barrier…it was very much enforcement and nowhere down the line did they [licensees] consider the health impact. They were very much thinking 'is this going to be an issue for me and my licence, is it going to be a police issue' but not really having the bigger picture of actually young people shouldn't be drinking this much etc. etc. and the consequences of that. (NHSGGC)*

5.1 Good Practice

5.2.1   Open communication between licensees and Licensing Standards through the off-sales watch and visits to licensed premises.

> *The campaign has been effective from our perspective as we have that constant link with an area of licence trade that was very difficult to communicate with. (Licensing Standards)*

5.2.2   Allowing licensees to take ownership of the campaign, to 'sell' the campaign to them and allow them to provide feedback and ideas which then impact on campaign (e.g. training manuals).

> *We tried to put it across as 'this is the licensees' campaign'…it was actually trying to get them to take ownership. That is why I think that worked…it wasn't a finger waving exercise, it wasn't that 'you're all bad people'. We know young people get alcohol, they're going to get it and it's how can we minimise the risks of them getting the alcohol and then the anti-social behaviour that then ensues…it was new and novel. It took away from the police going in, 'name? Are you the licensee? Can I see your refusal book?' It took away from that authority and it was more bringing them in, sitting down and listening to them. (Community Safety Services)*

5.2.3   Ensuring an off sales watch is targeted and bespoke to a small, localised area.

> *It's got to be kept within a small area. If you start to expand, that's when it falls…because you don't have the same problems in the same areas. (Licensing Standards)*

5.2.4   "Refusal book conditions" set by the City of Glasgow Licensing Board. The conditions require to be attached to premises licences which sell alcohol for consumption off the premises. Each premise must thereafter operate a refusal recording system as a standard condition.

5.2.4   Mobile CCTV camera vans which record incidents of ASB.

5.2.6   Aiming to make licensees feel more supported and empowered, i.e. increasing their confidence to refuse sales and their knowledge of agent purchase.

> *It is kind of how the whole campaign has been sold to licensees. It is much better being part of this than not because you are getting the support, you get regular information etc. (Licensing Standards)*

> *It's about giving power back to them because I think some of them feel quite frightened to challenge people that are coming in to buy alcohol for young people and it was about educating them as to recognising the signs of agent purchase, it's not about 'right we are hunting for you and we are going to come down hard on you'. (NHSGGC)*

5.2.7   Providing something of interest to encourage attendance at off-sales watch meetings, e.g. educational workshops, relevant partners such as environmental health, local councillors.

> *You need to keep them interested…you've got to invite people in and make it attractive for them to attend. (Licensing Standards)*

Chapter 6   Diversionary Activities

Diversionary activity was described as follows:

> *"It was also critical to offer the local young people a realistic, healthy alternative to street drinking. This alternative had to be relevant, desirable and accessible for both genders and able and disabled individuals". (Licensing Standards)*

Again, this element of the campaign has developed over time, and in many current campaigns, consumes most of the budget. Providing a choice of diversionary activities for young people at key times (i.e. weekend evenings) is an important element of the campaign. Other activity includes street workers encouraging less engaged young people to attend, brief interventions provided by specialist voluntary organisations and training for youth staff on drugs and alcohol. Many respondents stressed the need for a longer term approach in relation to diversionary activity, with time being required to establish trusted relationships between staff and young people. A key recommendation from the review would be statutory provision for young people on weekend evenings, rather than the campaign having to fund such provision.

6.1 Key findings

6.1.1   Diversionary activity had many perceived benefits including removing the cost barrier to taking part in activity, reducing isolation among disengaged young people, and delaying the onset of drinking/removing drinking in the evening.

> *What we have found with groups is, if they are out there on a Friday night they are less likely to want to drink when they come home, they are tired out. (Youth provider)*

6.1.2   The diversionary aspect of the campaign involved either advertising and promoting existing provision, or commissioning youth provision on weekend evenings (which was in many cases the most costly aspect of the campaign) to complement and/or supplement existing provision.

> *The key is linking with what was already going on. The youth diversionary stuff would have been happening anyway but it might not have been as publicised or in the same fashion. (NHSGGC)*

6.1.3   For many campaigns, after mapping the local area to examine existing provision, local youth organisations were asked to apply for funding.

> *We were quite aware we didn't want to duplicate provision that is already there so the applications we were looking for was obviously to complement what is already there and fill any gaps. (NHSGGC)*

6.1.4   Activity involves football (described as a "fantastic tool"), dancing, face painting and DJ classes. Current plans involve introducing badminton and a 'sports hub'.

6.1.5   A key suggested improvement is rather than commissioning particular activity on weekend evening, this should be provided as a matter of course, either by current provision shifting activity to weekend nights where there is the greatest need, or Glasgow Life (or their equivalent) opening venues on weekend evenings. This would significantly reduce the cost of campaigns, thus allowing for more sustainability.

> *Getting youth organisations to work together to provide on the nights that they are actually needed…it's been a bit about trying to get people to provide when it's necessary….it doesn't always have to be extra money that's brought in, it's about using what's there. (NHSGGC)*

> *Moving forward with the campaigns, we do invest a lot of money in paying folk to deliver on Friday and Saturday nights…it would be a better spend of money if existing youth organisations within particular areas maybe shifted when they open or when they are delivering to the key times on a Friday and Saturday night rather than having to pull in other folk that maybe don't even work there to deliver on it…Then it would mean a pot of money you could invest in different stuff or use it to support them. (NHSGGC)*

6.2 Good practice

6.2.1   Recognition that there is a need for longer term approach, for youth organisations to establish relationships with vulnerable young people and overcome territorialism.

6.2.2   Use of street workers to promote diversionary activities, and engage with harder to reach and disengaged groups.

> *The challenges is to bring people together so even if we open an activity to everyone it will end up being usually one group or maybe two…we were working quite a bit doing the street work and the football to try and engage a variety of people. (Youth provider)*

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6.2.3   Use of local organisations with local knowledge and established relationships with local young people.

6.2.4   Providing variety of activities for males and females.

> *Football seems to engage lots and lots of people and it's really good but not every young person wants to do football so it's trying to find a variety of things. (NHSGGC)*

6.2.5   Conducting brief interventions (BI) and signposting to local services alongside diversionary activity, e.g. voluntary organisations attending activity, use of SOS bus as a venue to conduct BIs, street workers conducting BIs when engaging with young people.

> *It means that if the young people are coming along to the football or they are coming along to the dancing, they are also getting alcohol and drugs information. I suppose the way that it is put to them it's more about positive lifestyles… (Youth provider)*

6.2.6   Vouchers for local sports centres distributed by street workers, Environmental Wardens or Community Police in the evenings, often being used as a 'good behaviour bond deal'. Vouchers for crisps and juice when attending diversionary activity have also been distributed.

> *The diversionary passes…they worked really well and young people could club them together so if you had your own pass you could go for a swim or you could club together with your pals and book a football park, so there were options. (Licensing Standards)*

6.2.7   Taking advice from local youth providers on what activities are required/will be popular. Allowing them to feedback from the young people.

> *Listening to the youth providers, if they are saying the young people want this then that's what needs to be provided. (NHSGGC)*

6.2.8   Creating a legacy for young people, so rather than simply providing diversionary activities, other opportunities are offered such as volunteer development programmes, youth achievement awards, employability (e.g. helping with CVs), and the general benefits to confidence and self-esteem linked to this. If diversionary activities were provided as a matter of course on weekend evenings, additional funding could be used for these extra activities.

> *It's not just giving them something to do at night; it's the support they get beyond that, the education they get from that. (NHSGGC)*

6.2.9   Barriers to conducting diversionary activities included short term funding meaning that organisations cannot plan ahead, the lack of premises open on weekend evenings, ethnic tension and territorialism (which can be overcome over time), and ensuring the provision reaches those most in need.

Every 6 months we are having to constantly apply for the same funding and at times there's been maybe a split in between and you are trying to go away and try and find other funding to continue it for the young people because it is something that becomes part of what they do so that has been a bit of a frustration. If the funding was put in place over a longer period of time, we've not got the worry of having to go and do that, you can concentrate and put your energies into other things and improve the development. (Youth provider)

We didn't get that population that really needed it. They were still in the bushes drinking. There are a lot of challenges. (Youth provider)

Chapter 7   Other Activity

This section outlines other types of activity undertaken in the campaigns, namely in relation to schools, agent purchase, training for staff and targeted interventions with young people. In fact, activity undertaken in relation to education (both in schools and in the community) and agent purchase were perceived gaps, with it being suggested more focus is required in these areas. A further gap is investigation of displacement of the issue.

7.1 Key findings

7.1.1   Schools

7.1.1.1 There is currently much work being undertaken in schools in relation to alcohol prevention and education, however, this activity does not currently link specifically to the CACs. As such, stakeholders suggested that this is an area which could be further developed and extended. However, this appears to be linked to an issue raised by the research, of whether the campaign should remain a community alcohol campaign as such, or be extended to more of a 'prevention and education' campaign. It also indicates the need for better sharing and awareness raising of the work being undertaken in educational establishments on health and wellbeing and substance misuse with other agencies and partners.

7.1.1.2 Examples of activity undertaken in relation to CACs include voluntary organisations conducting sessions via a targeted intervention for young people who were at risk of alcohol misuse and chaotic lifestyles, health improvement staff delivering alcohol awareness sessions including information on agent purchase for older pupils, letters sent to parents which included information on how to talk to young people about alcohol and Licensing Standards conducting a bespoke role play game and PowerPoint presentation which highlighted the dangers of alcohol to over 4,300 pupils.

7.1.1.3 Stakeholders faced some barriers in relation to undertaking work in schools including negotiating access to schools, particularly to revisit schools to evaluate the sessions. As such, more and better co-operation from schools was indicated as an improvement. Further suggestions of ways in which the campaigns could link more specifically with schools included working with partners to provide a framework of training on the impact of alcohol on young people (including risky behaviours)

which teaching staff could access, using schools as a means of consulting with parents (including raising awareness of agent purchase), promoting the campaigns using the Public Information Screens in schools, and using agent purchase as a scenario for the Take a Drink drama (a drama on alcohol harm reduction).

7.1.2   Agent Purchase

7.1.2.1 A clear research finding was the need for future campaigns to revisit the issue of agent purchase, and develop up-to-date and innovative methods of doing so.   The problem with agent purchase was said to belittle the other achievements of the campaign.

7.1.2.2 There was a perceived lack of awareness among community members, particularly parents, about the penalties associated with agent purchase, which was partly blamed on the fact that penalties are never given. It was suggested that awareness raising should be conducted with young people, parents and the general community.

> *The majority of people don't know about the repercussions of buying for somebody who is under age so there is a huge education element to that. I think it is important to get to the senior school where they are at the point of they have turned 18…I think the parents need to know about it because they don't realise that they are not only committing offences there are also other things like social work might get involved…and their tenancies could be up for a look at as well. (Community Safety Services)*

> *As far as I can see we are fighting a losing battle. It's messing up everything we are trying to do with this campaign. We know parents who are actually buying youngsters their drink. How can the person in the off-sales know? It makes it really blurry. There is always scope to promote it more and more and letting community members know about it because there still is obviously people who will buy for young people and it's the hardest thing for the police to capture. (Youth provider)*

7.1.3   Training and Resources

7.1.3.1 Voluntary staff have provided youth providers with alcohol, drug and youth work training. Training was also offered to the Police (but not taken up to any large extent). Training opportunities were perceived as a huge benefit for staff working with young people. Further training needs were in relation to evaluation of the campaign.

The aspiration is to get every youth provider through alcohol, drugs and youth work training…to give them that basic grounding. (NHSGGC)

People don't really understand what an outcome is. They tell you loads of outputs like 'we did lots of work' and you think 'and?' Maybe that is the biggest training need that is actually out there, telling people what a success is. Success isn't doing lots of work. Success is what difference did it make? (Community Safety Services)

The CRAFFT training that was offered to the community police…I think that should remain a standard because at the end of the day community police are coming into contact with these kids on a nightly basis…There wasn't a great uptake and I think that's down to changes with community policing more than anything else, there wasn't a reluctance it was just actually getting them there. (Youth provider)

7.1.4   Targeted intervention with young people

7.1.4.1 Some campaigns also involved intensive group work and follow on counselling with young people at risk or already involved in alcohol related ASB. Young people were challenged and educated on the impact and health implications, along with the dangers of alcohol.

7.2 Key gap: Displacement of the issue

7.2.1   A key perceived gap was the lack of investigation of displacement of the issue, either in terms of young people accessing alcohol in nearby communities, or increased drinking in the home. There were concerns that this has not been focused on, when these issues could seriously dilute the outcomes of the campaign. This it was suggested that future campaigns and evaluations should ensure these issues are considered.

One of the areas that concerns me because we have not really given much attention to unintended outcomes of the premises round about. Are they just dispersed in other places? Is there more agent purchase because they know they can't get it....Are we just moving the problem somewhere else or is it as successful as we think? Are you shifting behaviour rather than necessarily changing behaviour? (NHSGGC)

If they are drinking in the home, it might not be disorder but it is still not good for them. (Community Safety Services)

7.3 Good Practice

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7.3.1   Some work has been undertaken in schools specifically linked to the campaigns, including innovative workshops with young people and awareness raising among parents.

7.3.2   Alcohol and drugs training for youth providers, Police, and other key stakeholders which helps to create sustainability of the campaigns.

7.3.3   Targeted and more 'added value' work with young people, to extend the purpose of diversionary activity.

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Chapter 8   Materials

Throughout the campaign, materials have been developed both to promote and raise awareness of the campaign in the local community and to support licensees in making refusals. Involving the community in the development of materials comprises good practice, with this being recommended for the future, given the perceived need to refresh the materials for future campaigns.

Examples of materials are provided in the appendix.

8.1 Key findings

8.1.1   Materials used throughout the campaigns included:

- introductory letter to licensees (originally sent by Strathclyde Police and now sent by the NHS);

- best practice booklet for licensees;

- posters and flyers stressing agent purchase which were designed after consultation with young people, which are displayed in licensed premises and other venues in the community (including subway stations);

- posters for staff at licensed premises;

- poster advertising campaign involving captains from Celtic F.C. and Rangers F.C.;

- campaign briefing paper;

- Off Sales Campaign Charter (and certificate);

- press releases;

- refusal books;

- phone links and radios which were said to give licensees reassurance and more confidence;

A lot of shops had the radio up on the counter…because they felt safe with it because the radio crackles as though somebody is talking…it almost gave them a sense of security…they never really used them but the reassurance of a radio being there is useful. (Community Safety Services)

- Snapfax, credit cards, packs for young people advertising free diversionary activities which were placed in a range of venues including schools and libraries, and also distributed by licensees;

Packs for the young people about things to do in the area and local contacts. That needs to be done on a very local level so they know what's available locally. (Community Safety Services)

- Project brief, application from and evaluation form for youth diversionary activity.

8.1.2   Stakeholders stressed the need to revamp and update materials to ensure they are relevant for young people. The need for more up-to-date methods (e.g. social media) was strongly advised.

It's only got an impact for so long…you need to start trying to revamp them. (Community Safety Services)

8.2 Good practice

8.2.1   Good practice in terms of materials has links with good practice in terms of awareness raising (as discussed in Chapter 3).

8.2.2   Development of materials after consultation with key target groups.

8.2.3   Ensuring information provided on clubs and activities is localised.

Chapter 9 Monitoring and Evaluation

Monitoring and evaluation has been a considered element of the campaigns since their development, although not always at the planning stage so this can be built into the campaign. For many campaigns, reports have been produced to summarise the impact of the campaigns using a wide range of data and evidence. A key finding of the review is the lack of consistency across campaigns in relation to monitoring and evaluation, which creates difficulty in making comparisons across campaigns and establishing which factors are instrumental in the effectiveness of the campaigns. Ensuring a more consistent approach to monitoring and evaluation is highly recommended.

9.1 Key findings

9.1.1 Campaigns to date have been monitored and evaluated using a range of different methods to demonstrate outcomes. Stakeholders commonly spoke of receiving informal feedback from respondents which was not documented, but used to shape future campaigns.

9.1.2 There is a lack of consistency across the campaigns in relation to monitoring and evaluation, which creates difficulty in terms of measuring impact and making comparisons to determine what ultimately is most effective.

9.1.3 Examples of ways in which campaigns have been developed, monitored and evaluated include the following.

9.1.3.1 Community consultation: community impact questionnaires and surveys conducted in shopping centres and streets by local voluntary organisations, Police, Community Wardens and housing officer (some pre and post campaign). Information gathered on perceptions of underage drinking in the local area, ease with which young people could purchase alcohol, where young people access alcohol from, incidence of alcohol related ASB.

9.1.3.2 Consultation with licensees: questionnaires, pre and post surveys, informal feedback from licensees to community wardens including how confident they felt refusing a sale.

9.1.3.3 Consultation with young people in schools to determine activity and evaluate output (e.g. role play game in school). Online survey (using survey monkey) with young people, with local youth organisations advertising the survey. Questionnaires and focus group with young people attending diversionary activity pre, mid and post campaign.

9.1.3.4 Consultation with stakeholders: focus groups with stakeholders; informal feedback from licensees etc.

> *We took on board that we needed to speak to young people in schools because at the end of the day the street drinkers are under age and purchasing…We needed all those views and we came back and formed a different kind of action plan, a different kind of initiative. (Community Safety Services)*

9.1.3.5 Reports: Independent evaluation, evaluation reports created by steering group members, intelligence mapping reports, logic models, reports on refusal book checks by Licensing Standard Officers and on visits by Community Engagement Officers.

9.1.3.6 Survey with youth workers attending training.

> *It's easier to sell a campaign because we've had successes and we have been independently evaluated and we can show that. We've got analysts that have coloured maps and graphs that we all like. It helps. People love graphs and charts and figures. They make it look easy, it's not that easy. (Community Safety Services)*

9.1.3.7 Statistics:

- comparing police and community safety statistics from time of campaign to e.g. previous year or previous quarter e.g. alcohol related ASB, number of young people drinking on the streets, amount of alcohol confiscated, complaints from community about street drinking, environmental issues, drinking dens identified and removed, less cleaning of drinking dens;

- maps to illustrate changes in the distribution of street drinking incidents;

- number of visits to off-sales by Police, Licensing Standards and Community Enforcement Officers during campaign period;

- numbers of attempted agent purchase;

- numbers of young people attending youth provision and opinions of this (recently, this has been done throughout the campaign and changes have subsequently been made to allow campaign to have more of an impact);

- use of household survey statistics;

- numbers of staff who have received advanced training; and

- number of off-sales training packs distributed.

9.1.4   Barriers faced in relation to monitoring and evaluation include:

- lack of planning time for campaign so lack of agreed outcomes and indicators and ways of measuring these;

- lack of resources to properly monitor and evaluate;

- gaining accessing to participants to evaluate output, namely in schools;

- difficulty accessing health statistics (e.g. hospital admissions on a Friday or Saturday night due to alcohol issues);

- inconsistency and lack of understanding of different types of statistics and what they represent;

- reliance on self-reported data;

- recognised difficulty in evidencing the true impact of preventative initiatives; and

- attributing impacts specifically to the campaign rather than other factors.

I was keen that we had some sort of system where we could track A&E admissions prior to the campaign and then during the campaign…I tried to investigate it and got absolutely nowhere. (NHSGGC)

In terms of the diversionary thing, that is where you're struggling and unfortunately that is where a lot of the funds that are attached to the campaign go and it's difficult to evidence your outcomes. (Community Safety Services)

I've been involved in campaigns before when the ASB rate has went up during the duration of the campaign and how that has been explained is that we had many more enforcement officers and police in the area so we noticed more but not everyone interpreted it as such. (Community Safety Services)

In terms of the follow-up work that you want to go and do afterwards can be a bit of a challenge to get back in from that point of view. They are obviously quite happy for people to come in and help educate with the young people but the evaluation side of it doesn't take as much of a high priority. (NHSGGC)

9.1.5   Previous evaluations and information gathering have provided fairly consistent key findings and recommendations including

- the need for a longer term approach to campaigns;

- the positive practice of multiagency working to provide a campaign resulting in more consistency and a shared workload;

- the need for more focused work in relation to agent purchase, including training for staff;

- the need to continually update materials, and ensure the campaigns keep up to date with legislation;

- the need to tailor practice to local need;

- the development of more robust and consistent monitoring and evaluation tools, and the use of a control area to demonstrate impact;

- monitoring the displacement and dispersal of underage drinking, agent purchase and alcohol related ASB;

- alternative publicity activity to raise awareness of the campaign, and the need for greater use of social and multimedia sites for publicising the campaign to young people; and

- extended steering group membership.

9.2 Good practice

9.2.1   Ensuring identification and agreement of outcome and indicators at the planning stage, so monitoring and evaluation can be built into the planning for the campaign and covers more than one outcome.

9.2.2   Ensuring evaluation undertaken with all key target groups.

9.2.3   Applying a pre and post methodology where possible.

9.2.4   Suggested improvements included:

- more evaluation in general (including external evaluation);

- gathering more soft outcomes and evidence of small behavioural and attitudinal changes which should be viewed as impact;

- more qualitative research, particularly with young people;

- more community consultation throughout the campaign (including at the outset to develop and refine the campaign) and using Ripple Effect ACEs;

- using members of the recovery community to conduct community consultation;

- ensuring community perception is a key outcome;

- ensuring health statistics are incorporated;

- conducting follow up research;

- the use of more innovative methods including producing videos of young people's feedback;

- building in evaluation to the diversionary approaches; and

- applying a consistent approach to the evaluation across campaigns.

Every 10 people you try, if you get 2 or 3 of them with a better path then great…I think it is that understanding your successes as well and not thinking you are going to change everyone's life. (Police Scotland)

More qualitative feedback, ideally from young people….what you are looking for is some feedback from them as to how this campaign gave them a reason not to go down that certain path. (Community Safety Services)

Where I think could be improved is post campaign in general…the front end piece is fine but the crucial one is after it. (Community Safety Services)

I think I would be clearer in what we were looking for, I suppose in terms of signing up from our perspective we would have to say (and hopefully this is what will help us) 'well actually we are looking for x, y and z to be coming out of this. Some of it might be police stats, some of it might be health stats, some of it might be referrals to services but having a clearer picture. (NHSGGC)

There have got to be some measureable outcomes at the end of this and we have got that report which shows it. (Community Safety Services)

In terms of sustainable funding, it's easier to gain that if you've got solid evaluation behind it and definitely in terms of priorities and indicators they should be set at the outset. (NHSGGC)

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Chapter 10   Value for Money?

An important consideration when running the campaigns is the extent to which they offer value for money, with budgets varying considerably from around £1,000 – £22,500. This is difficult to determine at times, given the preventative nature of much of the work undertaken. However, some campaigns have managed to run on very small budgets and have been dependent on the good will of key stakeholders undertaking activity as part of their daily role (with it being argued that this should in fact be the case as key stakeholders are benefitting from the campaign). In current campaigns, significant resources have been required for the funding of diversionary activity, and so removal of this cost (by statutory provision being available on weekend evenings) would significantly reduce the cost and make the campaigns more sustainable.

10.1   Key findings

10.1.1   The budget associated with campaigns varied quite extensively from £1,000 - £22,500.

10.1.2   The budget was affected by mainly affected by 1) good will/ability of key partners to take on additional work and activity within their own workload and 2) the need to commission organisations to provide diversionary activities.

> *It has been down to the goodwill and the involvement willingly of partners who can help…I suppose it's whether or not you can replicate that in other areas. (NHSGGC)*

10.1.3   Other factors impacting on the budget included the level of funding required for e.g. launch events and materials (particularly for bottle marking); and the size, scope and length of the campaign.

10.1.4   There was a general feeling that much of the funded activity should be a neutral cost, due to the genuine saving for organisations as a result of the campaign e.g. less antisocial behaviour or disorder. This caused some tension or challenges between partners, given the majority (or at times all) of the funding was provided by the NHS and the extent to which the campaigns focused on and demonstrated health benefits also being questioned.

> *If everyone comes to the table and says we are actually seeing such great stats, maybe they could put their own time in kind into this…then there might not be a huge cost to it at all… if all*

the partners are saying they are getting something out of this then actually they should all be contributing to it. (NHSGGC)

10.1.5   Despite this, the campaigns were generally considered to offer value for money due: to the prevention activity provided to vulnerable young people on weekend evenings; that fact that some stakeholders are undertaking activity within their own remits with there being no additional cost but rather a focus of resources.

In the long run you are saving money because we got 300 boys off the street on a Friday night. Put them back on the street on a Friday night and see how much it costs you. (Youth provider)

It's just bringing together those things to focus resources so it's only specific things that are really being paid for. So it is good value for money because you are utilising resources that are already there. (NHSGGC)

10.1.6   Challenges involved in evidencing the campaigns are value for money include indicating the value of prevention and education (often for very vulnerable young people who may not be accessing such education from school) which is very difficult to demonstrate; evidencing the combined impact of the wide range of interventions; and demonstrating future health outcomes.

The diversionary stuff, that's preventative spend, everyone knows it's difficult to capture that. You want to make the intervention as early as possible and you want to prevent future spend. (Community Safety Services)

In the grand scheme of things, it's not a lot of money and I think you can achieve good outcomes for the amount of money put in but actually tracking those outcomes… it's difficult to capture everything that happens. (NHSGGC)

It's hard to give any kind of cost around health outcomes when you are dealing with young people and the health outcomes will be years down the line. …It wasn't just about engaging them for that period of time…there was a follow-on benefit for the kids as well….they were identifying young people who were then going on or they were being taken away to do youth coaching and potentially employment. (Police Scotland)

10.1.7   Uncertainty surrounding funding was a significant barrier for key stakeholders in planning and developing campaigns, which also resulted in additional resources (in terms of having to continually commission youth providers for example). A key improvement was seen to be a dedicated funding stream so that a more strategic and co-ordinated approach could be applied to campaign development.

We don't know how much we're getting each year…so you can't really plan ahead for it. In an ideal world you, would have a dedicated chunk of money and there is maybe a 3 year tender goes out for the work and that means there is that time to programme it and get exactly what you want to get from it. (NHSGGC)

10.1.8   In order to reduce costs, the need for a standardised co-ordinated approach across NHSGGC was strongly advised (as discussed in Chapter 13).

It's about sharing across areas and co-ordinating it across the City…There would be a way of saving money. (Police Scotland)

10.2   Good practice

10.2.1   Key stakeholders offering their time and activity as part of their everyday role.

10.2.2   A dedicated funding stream allowing for the better planning of activity.

10.2.3   Applying a consistent approach across NHSGGC, to streamline the campaigns to some extent and remove duplication of effort.

Chapter 11   Length of Campaign: Sustainability and Legacy

There was some conflict of opinion as to whether campaigns should be short and sharp (no longer than 6 months) or more of a continuing intervention, where aspects of the campaign are run seasonally. Support for a short campaign was generally more common among Community Safety Services staff, perhaps as their priority was often the reduction of antisocial behaviour which could be achieved and evidenced is a shorter term campaign. Stakeholders highlighted the need for the campaigns to have a legacy and be sustainable, with a longer term approach being required to change the culture of underage drinking in Glasgow communities.

11.1   Length of campaign: Key findings

11.1.1   Advantages of short over long campaign

Short Campaign	Longer term intervention
Focused, committed and motivated engagement from stakeholders	Stakeholders becoming reticent (particularly community members) and not attending to e.g. awareness raising
Realistic given resource constraints	Not sustainable in terms of resources
Resources targeted to area of need, with campaign then moving to other area	Perceived as "unfair" if resources are continually targeted to one area
Long enough to have some impact and leave some legacy which can be revisited	

> *To actually make a change we are probably looking at months. Any longer and it's not really a campaign any more it becomes too 'business as usual' and I think it loses its effect. People lose their drive to make a difference….if it goes on too long it loses a bit of momentum. (Community Safety Services)*

> *You've got this resource where you go in and make a difference and hopefully leave a bit of sustainability with the local housing providers and cultural sport providers and then move on in the hope that the next time you come you are starting from a lower level and I think that is what we are getting, each time we go back it's not as bad as it was last time. (Community Safety Services)*

> *The reason that it can't go forever is because it wouldn't be fair on all the communities that aren't getting the…basically enhanced service from a number of different organisations. (Community Safety Services)*

11.1.2 Advantages of long over short campaign

Short Campaign	Longer term intervention
Insufficient time to make a difference to attitudes and behaviour	Longer term plan to 'drip feed' and change the culture in the community
Lack of sustainability of impact	Allows for sustainable impact
Limited time to embed young people in local services and allow trust to be established between staff and young people	Allows for established and trusted relationship and engagement between staff and young people
Limited time to establish relationship between Licensing Standards, the Police and licensees	More sustained relationships between Licensing Standards, the Police and licensees meaning licensees stop viewing good practice as part of a campaign and more as a way of working
Lack of motivation among stakeholders as aware campaign is only running for a limited time	Stakeholders integrating practice into their general activity
Short time to evidence health impact and gather data that can demonstrate outcomes	Allows for long term monitoring and evaluation of data to evidence true impact

It costs a lot of money to build habits, change lifestyles and 6 weeks isn't long enough. (NHSGGC)

If you get those dedicated resources, that's fine however where is the sustainability, where is the longevity, where is the legacy at the back of it? Unless it has been done to a degree where everyone has been so self-sufficient in that area, it's going to come back, it might not be straight away but it will happen. (Community Safety Services)

You are just getting to know the kids and you are away again. I worked with young people in Govanhill and at first they just look straight through you like you don't exist. You've got to keep chipping away. No point in short campaigns. (Youth provider)

You are in the area for 6 weeks, fill the kids heads with 'do this and do that' and then you let them down…if young people know that you are only running these things to tick your own boxes then it just all stops dead. They have nothing to lose and they lose respect for the organisations involved. It does more damage going in there for 6 weeks and giving them a wee taste of something and then go. (NHSGGC)

It wasn't enough time to engage with the shop owners, the licence holders, the managers or staff because the campaign was over like that, a flash in the pan and it was 'we don't have to care anymore because no-one is looking at us anymore'. (Police Scotland)

11.2 Good practice

It would appear that a longer term approach rather than campaign per se may be the way forward.

This is discussed in more details in the Recommendations chapter.

11.3   Sustainability and legacy: Key findings

11.3.1   A central theme to the review is the need for the campaigns to provide a legacy, particularly given the short term nature of their current funding. This was a key criticism of the shorter campaigns, that there was a lack of sustainability and real impact, particularly in relation to health.

We're not really making a significant impact and even if we are starting to make a little bit of an impact as soon as the campaign is over, we're going back to square one. (NHSGGC)

11.4   Good practice

11.4.1   Current campaigns can have a legacy including the following:

- increased and continued partnership working between key stakeholders;

I think one of the key outcomes for us is that we've now got an excellent relationship with a local provider…they have all been very supportive and very proactive…having that key third sector organisation who is there who can actually drive it forward it really does make a difference, it gives you a bit of confidence. (NHSGGC)

- established relationships between local youth providers and young people;

It allows these providers to have a relationship in that community that they never had before so they would continue to do that. For them, that's an ideal way of engaging a community and that is some of the legacy. (NHSGGC)

- alcohol and drugs training for staff;

You want to increase the capacity of the organisations that are already there because that will be another thing that would stay, that's legacy. (Community Safety Services)

- additional opportunities for young people such as coaching and volunteering which lead to increased confidence and self-esteem;

- continued off-sales watch and/or improved relationships among licensees, and between licensees and Licensing Standards;

- ongoing training and monitoring of licensees;

Officers going in and just doing ad hoc checks and 'how you doing' should be par for the course…anybody who is in an off-sales should be trained and it should be a standard that

everyone gets the same training so that there is consistency right across the patch and you know then what the standard is. (Licensing Standards)

- if community consultation is included as part of the campaign, a feeling among community members that their voices have been listened to and that there has been an improvement in their community as a result; and

- staff and organisations continuing with the work to some extent, as a key part of their daily role;

  There are elements to the campaign, like a sort of legacy…that can stay without the dedicated support and ongoing meetings round about that because at the end of the day all the individual partners have got a responsibility for that whole area anyway and they will keep that up, there just won't be as dedicated and as intense an input. (Community Safety Services)

- resources produced (such as DVD) that can be used in schools or youth clubs.

Chapter 12   Key Features of Campaign: Good Practice

Throughout the review, stakeholders outlined what they considered to be key features of a campaign to ensure its effectiveness in the community. These included the campaign being based on a sound rationale, being bespoke to the local area, being multifaceted, being flexible and applying innovative methods.

12.1   Ensuring clear rationale for campaign

12.1.1   Stakeholders highlighted that a community alcohol campaign would not be effective in every area, but that there are a range of factors that have to be in place to necessitate a campaign including a concentration of off-licences and feedback from all key partners on problems in the area.

> *It's not practical to have them in every area that you know there are problems. You've got to be very selective on a very problematic area. For instance Govanhill, there's not only problems with alcohol, there are problems with public health…it's got to be a pattern of things and a lot of problems in the area…so you really need to have all the partners round the table and say ok there is problems but what problems do you have and what problems do you have and is this going to work? (Licensing Standards)*

12.2   Bespoke to local area

12.2.1   Key to the success of the campaign is avoiding a one size fits all approach, but rather tailoring the general outputs of a community alcohol campaign to meet the needs and characteristics of the local area e.g. commissioning a voluntary organisations for minority ethnic young people, translating materials, assessing the shape of the community and the concentration of off-licenses.

> *One size definitely doesn't fit all and that's why it should always be an evolving piece of work. You have got your basic menu there but you should be putting bits in and taking bits out. (Community Safety Services)*

> *We actually got some of the literature translated into Polish. That was a request from the licensees themselves. That is just another example of tailoring. (Youth provider)*

12.2.2   One way of achieving this is by involving local organisations that already have a reputation in the local area and established relationships with young people, and using local knowledge from key partners, including community police and licensees.

12.3   Multifaceted campaign

12.3.1   Successful campaigns were described as comprising many different features which combined to have a positive impact on the community. Simply focusing on licensees and agent purchase was viewed as extremely limited, with the strength of the campaign being the sum of its parts combining to reach many different community groups.   Campaigns could involve both targeted and universal approaches.

> *It is when they are delivered as part of a whole package that they were most successful… I think the key part is chipping away at it as opposed to a single silver bullet solution…because the community is quite a complicated system and if you think that you can tackle it by making sure licence holders don't sell to underage….that will have a limited success…you have to tackle those people, tackle the environment. You gather intelligence, you publicise more, then by a percent here and a percent there all of a sudden you have got a big improvement. (Community Safety Services)*

12.4   Flexibility

12.4.1   In a related vein, it was viewed important that campaigns were flexible and could be adapted to a specific community.   There also has to be opportunities for key stakeholders (such as youth organisations) to feedback throughout the campaign, and appropriate changes to be made accordingly to ensure the campaign meets the needs of the community.

> *You need to have flexibility because you can set a plan in place…it looks amazing on paper and then people go out and go 'this doesn't quite work'. There needs to be opportunities for youth providers to feed that back…they need to feel that they can come back and say 'it's not quite working, is it ok if we change this, this and this'….it can't be really, really rigid otherwise you've not got flexibility to change. There's no point in funding something if it's not working. (NHSGGC)*

> *We needed a drop-down menu, if you were going to role it out across any other area then you would target specific bits that you wanted to and choose bits that would work in different areas rather than just one size fits all….Everything that we have done, we have always looked at best practice, what works, what doesn't and tweaked it and reformed it but always taking the best parts, the bits that show they are proven they work. (Community Safety Services)*

12.5   Innovative methods

12.5.1   There appears to be a need to revamp some elements of the campaign to make them more up-to-date and relevant for young people. This indicates the need for innovative methods, which were

considered good practice. Stakeholders also suggested using 'hard-hitting' messages for young people, including involving members of the recovery community.

To be as bold as you can. To think absolutely outside the box and to utilise anything you have in your area that is a unique selling point (USP). (Licensing Standards)

We need a lot more stuff hard hitting…more stuff to go 'wow that is frightening, that could be me very easily'. Raising awareness is fine but I think if you get to the point where kids are taking it every single day of the week, they need some sort of wake up call, they need something that's going to get them away from it all just to think for 2 minutes what the consequences are. (Youth provider)

12.5.2 Examples of good practice up to this point include the development of a free community website for community members to feedback information about their area which will be used to tailor future campaigns, commissioning a social enterprise to produce a DVD of young people discussing their experiences with alcohol which can be used in schools and youth clubs, a role play session in schools stressing the importance of young people being resilient and making their own decisions (which involved a prize to encourage participation), and funding local cafes to open on weekend evenings to offer an alcohol free youth café.

Chapter 13 Recommendations

The review has resulted in a range of recommendations, to ensure the future consistency and cost-effectiveness of campaigns. There are four central recommendations which would shape the way in which future campaigns are run.

13.1 Key Recommendation (1) Long term community alcohol strategy rather than campaign

13.1.1 It is recommended that campaign activity should be ongoing as this aligns with the neighbourhood 10 year plan. Demonstrating the outcome of such an approach would necessitate robust monitoring and evaluation, beginning with the collection of baseline data in particular neighbourhoods in 2014.

> *The single outcome agreement is a 10 year plan…so if you are looking at beginning to work with those young people who are 12+…then hopefully over that 10 year period you should be able to see some kind of hard indicators…some sort of reduction or change within that area or a culture change at the end of the day but we need to start thinking about what that baseline is right now to then measure that again in 10 years' time. We need to look at that on a long term basis because it is something we have never really done before. (NHSGGC)*

13.1.2 A key feature would appear to be moving from the idea of a campaign as such, to a more centralised approach towards community alcohol prevention across the NHSGGC area which focuses on additional opportunities for young people. Embedding such activity to current practice, and having seasonal activity such as a focus on diversionary activity during the summer months.

> *I think it should be completely embedded…one of these things that we do as par for the course…there maybe should be certain elements that we only focus on at certain times of the year…times when they are more vulnerable and more likely to consume alcohol. (NHSGGC)*

> *Maybe you don't have campaigns, maybe you just have a much more direct relationship with the local providers and local organisations…maybe this is part of a wider programme. (NHSGGC)*

13.2 Key Recommendation (2) Centralised approach with central steering group and dedicated funding stream

13.2.1 The current review indicates the need for a centralised approach to community alcohol campaigns across the NHSGGC area. This would have many benefits including reducing the

duplication of work and resources, consistent reporting of outcomes, collating information from all campaigns to an overall report, sharing of good practice and learning and development, ensuring the range of outcomes (including health) are considered; and standardisation of materials and monitoring and evaluation strategies so it is possible to determine the impact of the campaigns across the area, and examine which aspects of the campaign are most and least effective. It is crucial that this approach also allows for the campaigns to remain bespoke to the local area, and to offer flexibility, however there could be a core approach adopted across the area.

> *There needs to be a centralised approach, I'm not saying everything should be centralised but we do need to agree 'this is what we are trying to achieve, this is the outputs, this is the activities, this is the things that we want as a core and in particular areas you might want to add other things…set the evaluation outcomes and milestones… I don't see any reason why we couldn't create an actual guideline…it would allow us to look at all the different campaigns and compare them which to date they have been different so in terms of comparison as to how effective they have actually been it's really difficult….we are making a lot of assumptions about what works and what doesn't work whereas if we had set indicators that were collating the same information, we could pull that together and we could then look much clearer and say 'that element of the campaign is having a big impact' or 'that element isn't' and based on that we could then tweak it further in the future. (NHSGGC)*

13.2.2 Alongside this centralised approach is the need for a central steering group with representation from all key stakeholder groups that would oversee the campaigns.

> *One of the things missing in the campaigns was some sort of central group to oversee all the campaigns because again, the usual story, we go off and do our own things. We're not sharing information, we're not sharing resources….having some mechanism city wide to look at that, some governance structure. (NHSGGC)*

13.2.3 It is also recommended that there is a dedicated fund for future campaigns, which will allow for more forward planning and time to be spent refining the campaigns.

13.3   Key Recommendation (3) Providing diversionary activities on weekend evenings

13.3.1 In order to reduce the costs of campaigns and make them more sustainable, there is a need to link with Glasgow Life and other Culture and Sport providers to encourage diversionary provision on weekend evenings. This would remove the need to commission organisations to conduct such activity, or certainly reduce the amount of funding necessary for these organisations to support the initiative (i.e. still ensuring streetwork and brief interventions are undertaken.

Better links with Glasgow Life…it would cut down the cost element of the campaigns…I think we need to get clever at using existing resources, shared resources where possible and get more efficient. These services should run when people need them. (NHSGGC)

13.4   Key Recommendation (4) Toolkit

13.4.1 The current review indicated many instances of good practice.   However, given the recommendation to apply more of a centralised approach and the suggestion by stakeholders that materials and methods need updated and revised, it is strongly recommended that there is a period of development involving the production of a toolkit that could be used across the NHSGGC area. It would be necessary to consult with all key stakeholders to ensure their views were considered in relation to the development of such a toolkit, and then pilot the materials.

13.4.2   The toolkit could include a checklist which outlines information on key partners and suggested roles and responsibilities, rationale, priorities, indicators for evaluation, outputs, communication plan to raise awareness, report template.

> *It's almost setting a baseline and saying the basic off-sales campaign should look like this. This is who should be involved, this is the resource that it would require and this is what you would deliver. Then there are all these potential add-ons. If you've got more time, more money, more capacity you could do x, y, z and that should be a pick and mix…it allows for consistency but it also allows for flexibility as well….it would be a supporting tool. (NHSGGC)*

13.5   Other recommendations

- Rename campaign to reflect longer term approach.

- If commissioning youth organisations, introduce a e.g. 2 year tender so projects do not need to continually apply for funding every 6 months. This means organisations can plan for activity, young people recognise provision is there to stay (leads to trust, relationship building etc.) and also that proper evaluation is required as part of that tender.

- Ensure that campaign continues to be flexible and evolve.

- Encourage aspects of the campaign to have a legacy, e.g. continuation of off sales meetings, youth organisations continuing to foster a relationship with young people.

- Need to continually review practice and ensure campaign meets the needs of young people by using innovative methods.

- Ensure campaign is bespoke to the local area and avoids a 'one size fits all' approach, e.g. tailoring campaign to minority ethnic groups in South Glasgow by having materials translated, funding voluntary organisations who support these groups, using the local knowledge of key stakeholders to shape campaign.

- Consult young people in the development of any new materials and the most effective methods for raising awareness.

- Ensure the campaign remains fluid, and is reviewed internally on e.g. a 6 month basis so that the outputs can be amended if necessary to have more of an impact. This requires ongoing consultation with participants throughout – again stressing the need for ongoing evaluation

- Rationale: this should take into account various factors including if possible Community Safety intelligence (this needs to be better promoted so people are aware this can be accessed) and also health indicators. This rationale should be tracked as part of the evaluation to demonstrate impact e.g. repeat the Community Safety intelligence on e.g. a 6 monthly basis/after the end of the campaign.

13.5.1   Partnership working

- Steering group should have representation from Community Safety, NHS Health Improvement, Police Scotland, Licencing Standards, Voluntary organisations/youth providers, Glasgow Life or Culture and Leisure provider, and licensees. Depending on the set up within each area, further key partners could include local housing associations, Community Planning, Environmental Services, Fire Safety, Community Learning and Development and social work.

- Planning phase should include creation of partnership agreement where steering group agree on set outcomes, evaluation methods, roles and responsibilities. This will help to minimise the challenge of e.g. turnover of staff and differing priorities from the campaign as all members

have had the opportunity to contribute and ensure their key outcomes are considered. Key outcomes should include reduction in ASB and improvement in health outcomes.

- Recovery community should be involved.

- Role of education sector could be extended, to help support and promote the campaign. Raising awareness of current work being undertaken in schools in relation to alcohol prevention and education, and considering ways of linking more specifically to campaigns.

- Ensure regular meetings of steering group as good partnership working and communication is pivotal to the success of the campaign and allows stakeholders to share good practice, raise concerns or challenges, feedback on progress, suggest amendments etc.

- The steering group in each area should decide on the lead who has the motivation, commitment and time to devote to organising/running the campaign including regular steering group meetings.

13.5.2 *Raising awareness*

- Raise awareness of the campaign through a range of methods: through schools (e.g. consulting with parents, Public Information Screens); street workers; youth organisations; local press; radio; housing associations; libraries; community centres; and feedback events – arrange event to feedback results of campaign to community and also use the opportunity to gather their perceptions of impact.

- Up-to-date methods are necessary for engaging with young people and making them aware of current provision – i.e. use of social media, twitter, Facebook, text messaging etc.

13.5.3 *Campaign Outputs*

- Ensure campaign is multifaceted. Gold standard would include: Off Sales Watch; liaison between Licensing Standards and licensees; standardised materials; ABIs; Diversionary Activity including streetwork and prevention and education input; training for youth staff;

raising awareness of campaign via up to date and innovative methods; and community consultation both to inform and demonstrate the impact of the campaign.

- More and continued focus on agent purchase – raising awareness among young people and parents, as there is concern among stakeholders that agent purchasers are not penalised strongly enough.

- Improve process of referrals to local services, and give this more of an emphasis in the campaign. Provide training for staff (such as BI training for Police and youth workers) if necessary, and ensure they are provided with an up-to-date list of activity. This would help to ensure focus is on prevention and education as well as enforcement.

- Continue to provide drug and alcohol training for youth staff, and consider training for school staff.

- Continue to foster a supportive role between Licensing Standards and licensees, encourage ownership, offer meetings and also one to one

- Ensure diversionary activity is provided for both males and females and a range of ages.

- To encourage participation, include something positive for participants e.g. off sales watch meetings or launch events when information provided on licensing provided, key speakers invited, leisure passes provided for young people.

- Continually consider innovative ways of working, e.g. engaging with local cafes to offer alcohol free Saturday nights for young people, role play game on dangers and consequences of alcohol delivered to school children with prize (cinema voucher) as a prize for best response, Old Firm appearing in a poster to advertise campaign, advertising in local paper ever week for 4 months with prizes given for quizzes completed (e.g. meals, IPod Nano) – aim big!!

- To provide a legacy for young people, consider offering opportunities such as coaching badges, volunteering opportunities etc..

13.5.4 *Involving Community*

- The campaign should have greater community involvement, both in terms of tailoring campaign to local area and assessing impact.

- Make a clear link between Ripple research and CACs, with the Ripple research this year acting as a baseline.

- Using feedback from participants and community to tweak campaign.

13.5.5 *Evaluation*

- Development of core evaluation materials and key indicators which could be used across campaigns. This would make it possible to detect which elements of campaign appear to be having most impact

- The campaign is based around prevention and education which is always challenging to measure. This should be recognised, which further indicates the need for a longer term strategy.

- Ensure there is a planning stage to the campaign where monitoring and evaluation and community consultation is considered.

- Ensure the evaluation of the campaign involves considering displacement of the problem.

- Ensure evaluation of the campaign (collated on an annual basis) is fed back to steering group members and key stakeholders.

- Include pre and post questionnaires.

- Include more qualitative, soft outcomes and indicators. Examples include more innovative evaluation methods for vulnerable young people e.g. youth organisations videoing feedback, young people creating media etc.

- Ensure health statistics are incorporated, A&E admissions, GP stats (uptake of alcohol counselling, alcohol related presentations etc.).

- Measure impact not just in terms of alcohol related harm, but increasing knowledge and understanding about youth drinking in general.

- Investigate use of recovery network/Ripple volunteers to conduct community consultation.

- Consider repeating some of the evaluation methods in a control area to detect any differences.

- Link the evaluation to the 10 year SOA vision.

Chapter 14   Validation Exercise

The final stage of the research involved a validation exercise, where a range of key stakeholders were asked to comment on the main 4 recommendations arising from the review. A total of 10 stakeholders were invited to take part in the research representing NHS Health Improvement, the ADP, Education, Community Safety Glasgow, Licensing, Community Policing, Voluntary Organisations, Glasgow Life and Licensing Standards. The timescale for the research was fairly short, which resulted in 7 interviews being conducted.

14.1   Key Recommendation (1) Long term community alcohol strategy rather than campaign

14.1.1. Overall, the idea of a longer term approach linking to the SOA was welcomed. Benefits of this approach were perceived as follows.

- A more strategic and planned intervention that provides a focused way of working which is linked to key outcomes.

    I like the idea of a longer 10 year plan, to get away from the idea of 'some money has become available so let's run an off sales campaign to address some particular issues in part of a community'…The SOA has identified particular areas so it should tie in with the priority and structure of the SOA…for me that would make sense, aligning to the SOA targets.

    This would provide everyone with a clear sense of direction and purpose, and as long as it feeds into a mechanism (i.e. the SOA) it would be a positive mechanism.

- Gathering baseline data which would allow for the tracking and assessment of impact.

    We need to have a starting point so we can build on it…It needs to be a slow burner, a methodical and steady process that builds up towards something worthwhile…then we could really achieve a lot.

    This would allow us to evidence the impact of changing attitudes and behaviours, rather than evidencing that we have kept so many young people off the street on a Friday evening.

- Allocating time and resources to change the alcohol culture at a community level.

    Although it's a 10 year SOA, we see it as a 30 year plan if we're trying to change a culture, we have a real challenge…Its core that we're enabling communities long term.

To have an impact on the community, we need a long term approach, a slow burner. To achieve the type of impact we want, we need to take into account generations of attitudes towards alcohol, so the long term approach has much more potential to have a cultural impact and effect cultural change.

14.1.2 Given the longer term approach, changing the name from campaign was also supported.

The campaign makes it sound like a crusade and it definitely gives the impression that it is time bound…so whether it could be changed to a programme? It might give it more credibility, because it suggests it's not a flash in the pan.

14.1.3 Stakeholders also emphasised the need for seasonal bursts of activity within the long term approach.

Things tend not to be problematic all year, so that is where you evidence base comes in. Because there's nothing wrong with short term targeting if that is what's required…there are certain times of the year when alcohol issues are much more prominent…so they don't need to be year long because that would be wasted resources.

14.1.4 A further suggestion was ensuring the campaign had more of a focus on increasing resilience and protective factors among young people, particularly given the longer term approach.

14.1.5 However, there were some concerns raised with a longer term approach, mainly the funding required.   Additional concerns included the reduced impact of a longer term initiative in terms of maintaining the interest and commitment from key stakeholders (including young people), and the ability of core services to contribute long term

Making it long term, you are talking more about mainstream activity than a campaign…The longer term might be problematic in terms of the buy in as the services aren't joined up enough. So the core services would need to change….There's pros and cons for long and short term. Short term is more focused engagement, where long term is not so focused and it's difficult to keep people on board for that longer period of time…so there's an underlying resource issue about the partners on board.

14.2   Key Recommendation (2) Centralised approach with central steering group and dedicated funding stream

14.2.1 Stakeholders were generally in favour of a centralised approach alongside devolving responsibility to local steering groups to ensure the campaigns remained bepoke to their area. A

consistent approach across the area was in line with the Education approach, which recommends core activity and equal access to the same service for pupils.

To have a uniform approach wouldn't work, but there has to be core elements. The structure that we are working to now is that we are devolving…so it's about getting the best balance between a devolved model and centralised support, and that should be reflected in these campaigns.

There has to be structure and consistency and a common approach to achieving the overall outcomes of a positive health and community impact.

A consistent strategy with identified key priorities, and the actions within those priorities can be flexible depending on the local area.

14.2.2   It was suggested that there should be a specialist advisory group (comprising representation from all key stakeholder groups) who would provide centralised guidance and support for campaigns.

A list of key individuals who are there to provide support, share practice…a core group of experienced multi-agency people.

The central monitoring group would help to ensure that the campaigns deliver on what they say they will.

14.2.3   Local steering groups would be required to feedback to such a group on a regular (e.g. annual) basis.

If the campaigns are fed in centrally, then we can see what's working.

14.2.4   Rather than having a dedicated funding stream, the recent change in ADP structure and funding would mean that each sector would decide how to best to spend their allocated budget for alcohol in the community.

There is a dedicated pot of money to be spent on communities in relation to alcohol, rather than dedicated funding. It would be down to the sector to decide.

14.2.5   Key benefits of this approach were seen to be:

- A centralised approach making the campaigns more credible and allowing for greater buy in at management level and those who direct resources.

With a central group comes governance and credibility. This might help attract high level buy-in for the campaigns.

- The opportunity to provide robust evidence of the impact of the campaigns.

- Reduced costs in terms of staff time due to sharing of practice, learning and resources.

The biggest investment is in relation to staff time so that is why we need a centralised approach.

- Increased engagement from more senior staff who may be able to commit to the advisory group.

I wouldn't be able to commit the time to three different areas and be able to give them my full support but I do have staff, so if I was to sit at an executive level and then my staff could sit in each local area…and that would give us some structure.

- Making staff more accountable for the campaigns in their area.

It would help make people be more accountable for their work and force them to share good practice.

There has to be accountability and feeding back and this structure would encourage that.

14.3 Key Recommendation (3) Statutory provision of diversionary activities on weekend evenings

14.3.1 There was uniform agreement of the clear need for diversionary activities on weekend evenings which are varied and appealing to both sexes. However, the 'added value' nature of this activity was viewed as crucial, such as offering support or additional opportunities for young people. Thus, rather than simply providing a less harmful option for a weekend evening, it was suggested that the true aims of such activity were building resilience and self-confidence among young people and establishing relationships between young people and local services

Friday and Saturday nights, by far that is the spike for youngsters purchasing alcohol so it is entirely relevant that we are arranging activities for these evenings.

There has to be more targeted work…providing that activity is more than just keeping young people off the street and providing the fun element, it's about getting them out of their comfort zone, building resilience and giving them the skills to deal with change and be able to

persevere so they don't turn to risky behaviours. So our lowest outcome would be the diversionary activity and the highest outcomes would be changing attitudes and behaviour.

14.3.2. Glasgow Life were positive and enthusiastic about the possibility of linking in with campaigns, and suggested running a pilot of statutory provision in one of the thriving neighbourhood areas. They were also open to becoming part of the advisory/central steering group. There was some support for statutory provision among other stakeholders, which was seen to offer a more sustained approach that would be integrated into the local community, although the challenges involved in convincing the provider to change their business model and open on weekend evenings was recognised. However, removing the need and effort of commissioning and funding external providers was viewed as a key benefit.

It makes sense to use the facilities and activities that are there, rather than commissioning special activities. Especially if you are hoping to integrate this into a community. You don't just want to transplant something in and then take it out again…so it would make it more sustainable.

If we are able to provide free access to Glasgow Life facilities with the view of getting people through the door, offering a variety of sports and non-sports, that's where the legacy will come in and the potential alteration of behaviour.

It would be tough to convince them that they are not engaging with young people at the right times. But taking away that strand of work of sourcing funding and commissioning agencies and having a sustained and long term contract with a cultural provider would be a no-brainer.

14.3.3 However, of the four key recommendations, recommending statutory provision on weekend evenings rather than commissioning providers generated the most concerns. Many of these were linked to resources issues and the extent to which it was practical to offer free statutory provision to young people on a longer term basis.

14.3.4 Concerns raised included the following.

- The extent to which statutory provision would attract the most disengaged and vulnerable young people who were most in need of diversionary activities, as opposed to specially commissioned activities.

You're not going to target the people who need it most….Sometimes the activities that are put on offer are different from those put on by Glasgow Life and you've been able to capture

young people because it's something different…so it needs to be something young people are attracted to.

- The extent to which young people would become bored of such activities offered on a long term basis, and thus disengage.

    They do get bored so if it was longer term, you would need to make sure you had variety.

- The extent to which providing diversionary activities should be the role of community alcohol campaigns (or programmes) rather than core services was also questioned.

    I do see the need for longer term diversionary activity for young people….but then is that the role of alcohol campaigns? Is that not more core services? My worry would be that the ADP funds would be seen as core activity when the activity for young people should be universal.

14.3.5   Regardless of the provider, the need to ensure that any such provision is varied and appeals to a wide range of young people remains a key priority.

    There are issues around gender and equalities….You would need to ensure Glasgow Life offer variety to appeal to different people.

    We need to make sure the youth strategy provides activities for both universal and targeted young people.

14.4   Key Recommendation (4) Toolkit

14.4.1   Stakeholders strongly supported the proposal for the next stage to comprise toolkit development and piloting of the new consistent approach towards Community Alcohol Campaigns.

14.4.2   The toolkit was seen to comprise evidence based practice and tools which would allow for the consistent operation of campaigns, and the ability to monitor, evaluate and reflect on practice whilst also allowing for flexibility so the campaigns were bespoke to their local area.

    I get it, so as long as I'm in post you'll get our full support…the review was overdue and will give us all a chance to reflect, and then the development phase will add to that and give us a true way forward.

    If all the information was there in a document like a toolkit, that would be incredibly useful…It will give us a real evidence based approach that is written down, rather than people speculating or talking about how good the campaigns are.

What we should have for campaigns like this is a box of tools…I would support the toolkit and the sharing of good practice.

A selection box of tools and core materials so you could use what is useful to you, but so that could be used across the City. If areas are able to pick different parts of that toolkit then it will allow it to be bespoke.

14.4.3 Stakeholders emphasised that the toolkit should be a live document which is updated regularly with the information and data collated by the advisory steering group.

The toolkit would be there as a guide, not a regime. It should be a live document and process with new ideas being fed into it…it is something to be developed and should be inspiring for stakeholders.

14.4.4 Having a toolkit and consistent approach in place was also seen act as a vehicle for piloting and incorporating new initiatives.

It would give you that evidence based approach within which you could try new things and add these to the toolkit.

14.4.5 More generally, there was a sense that redevelopment and updating of campaigns was required, which echoes the findings of the review. The need to continually review, update, challenge and refresh methods to ensure they are fit for purpose was seen as fundamental.

We need to measure success so we can see what's working….the importance of reviewing and revamping and I think we're at that time now, It's worth that resource being put it now, because then we will have that information

We constantly go round doing things without putting in enough thought, so it would be great if we could make this stand out and be different. Make it good practice, and give everyone the tools and resources to make it happen consistently.

14.4.6 Specific recommendations of what should be included in the re-development of campaigns and associated toolkit included:

- A tool which could be used to measure value for money.

It would be useful to incorporate and outline what the investment is, so we could work on a formula of money saved. It would help to create an evidence base.

- An increased focus on community consultation and engagement, both to provide a baseline measure of key community indicators and also as a means of tailoring the campaigns to the

local area. The need for community consultation echoes the priority of ensuring children are consulted on their rights (a priority within Education).

There doesn't seem to be enough community engagement…we need much more…so the toolkit needs to involve that.

- A timescale for information to be fed back by local areas to the advisory steering group, and further review and development.

We need a plan and timescales for further review.

- An agreement of shared performance indicators and evaluation.

- A much greater focus on social media, and incorporating social media into the advertising, running and evaluation of campaigns.

I think the use of social media would significantly help in terms of engaging with young people. That has to be looked at, because the current methods now just seem outdated…At the same time, there are many adults who don't engage with social media at all so I suppose that is where the toolkit comes in, so there are options there.

Once you start using things like Twitter and Facebook, you realise just how accessible it is for the community…almost all young people have smartphones of some kind, and they are so tuned into that, and that is the audience you want to reach…it also gives you cost savings as you don't have such an outlay and the stuff is also reusable.

We need to develop apps, that is the way forward…it's much more engaging than doing posters. So money has to be spent investing in these things and building them up. We use them just now for BBN and sexual health for example, so we should use them for this.

Appendix 1 - Campaign Documents Considered in the Review

Reports

Do Us A Favour Campaign Project Report (2005). Nikki Boyle (NHS Health Improvement)

Evaluation of the GA Sub-division Off-Licence Campaign (2008). Blake Stevenson

Greater Govan Off-licence Campaign: 6 month report (2010) Abby Richmond (NHS Health Improvement)

Evaluation of Calton Multi Member Ward Off Sales Campaign (2010). Barbara Fearnside and Christine Martin (GCSS)

Be Your Own Boss. Evaluation of the Prevention Education Protection and Controls Group Off Sales Campaign (2011). Neil Millar and Linda Malcolm (EDC and NHS Health Improvement)

Evaluation - East Off Sales Campaign Shettleston Multi Member Ward (2010 – 2011). Barbara Fearnside and Christine Martin (GCSS)

Joint Action on Alcohol. - Arden/Carnwadric/Kennishead Off Sales Campaign (2011) Claire Saunders (GCSS, Information and Intelligence Unit)

Joint Action on Alcohol. – Castlemilk/Croftfoot Campaign (2011) Claire Saunders (GCSS, Information and Intelligence Unit)

South Community Alcohol Campaign Evaluation (2012) - Ibrox and Cessnock – Colin Whiteford (Police Scotland)

Logic Model and Outcomes Framework for Govan Off Sales Campaigns (2009)

Off Sales Campaign Ibrox/Kingston (2011) Claire Saunders (GCSS, Information and Intelligence Unit)

Govan campaign – Youth Provision Mapping (for Govan, Ibrox and Cessnock)

Off Sales Campaign in Govan – Powerpoint Presentation (GCSS)

Materials

Introductory letter to licensees (for Ibrox and Cessnock campaign 2011)

Ibrox and Cessnock campaign budget

Govanhill Off Sales Campaign budget

Alcohol in My Life Toolkit

Snapfax – detailing free youth provision in Govan and Ibrox/Govanhill

Right to Refuse book (used in Ibrox Campaign)

Ibrox and Cessnock Off Sales Watch poster

Vale of Leven pubwatch poster

Ibrox and Cessnock 2012 Campaign briefing paper

Ibrox & Govan Community Alcohol Campaign Youth Diversionary Activity Programme - Project Brief

Ibrox and Cessnock (2012) Press Release

Evening Times article on Ibrox and Cessnock Campaign 2012

Alcohol in My Life Promotional Leaflet

Greater Govan Community Alcohol Campaign Youth Diversionary Activity Programme Evaluation

Govanhill Youth Diversionary Activity Programme 2013 Application Form

Best Practice booklet for licensees

Off Sales Campaign Charter

Off Sales Campaign Charter Certificate

Glasgow Task Force Record of Visit

Red Flag Sales and Agents Poster

Off Sales Premises A Guide to Good Practice Poster