

# SCPHRP

## Scottish Collaboration for Public Health Research and Policy

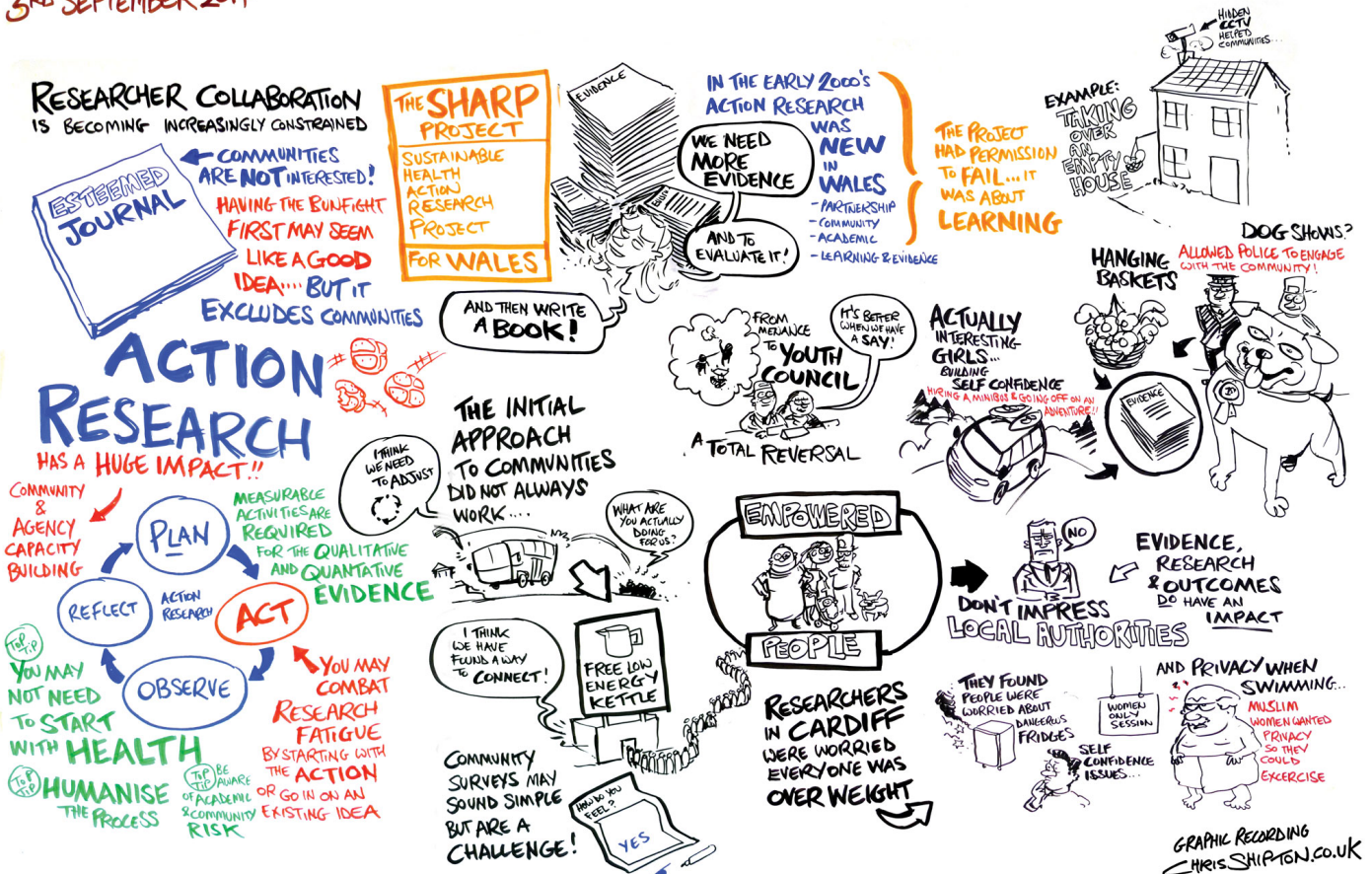
Creating Better Health & Wellbeing event

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CREATING BETTER HEALTH & WELLBEING  
3RD SEPTEMBER 2014

### COMMUNITY-BASED ACTION RESEARCH a mechanism for longer term change?

SANDRA CARLISLE  
UNIVERSITY OF ABERDEEN



Q & A with Professor Annie Anderson

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Housing, Homelessness, Health & Wellbeing from Shelter Scotland

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# EDITORIAL

Hope you have all had a productive past few months. It's been a busy time here in the SCPHRP office with our four Working Groups evolving and moving forward with some very interesting projects. We are looking forward to seeing what 2015 brings! (<http://www.scphrp.ac.uk/working-groups/>).

This edition of our magazine gives you a flavour of some of the activities we've undertaken in the past few months. Our Adult Life/Working Age Working group hosted an event – 'Creating health and wellbeing' – for community organisations and researchers to learn about successful collaboration in Glasgow in September. We've also recently completed a project funded by NHS Health Scotland to investigate how and why food-related activities are offered by community-based mental health organisations, and the ways in which these activities affect those who participate. Additionally, our 'Alcohol brief interventions (ABI) in wider settings' project (a collaboration between SCPHRP, NHS Health Scotland and the Scottish Government) has drawn to a successful close with some of the community projects involved in this presenting their work at the international ABI conference, INEBRIA, in Warsaw this September. Finally, SCPHRP made the trek to Aviemore in November for the Faculty of Public Health conference. Also included in this edition of the magazine is a Q & A with Professor Annie Anderson, Professor of Public Health Nutrition at the University of Dundee. Additionally, we feature guest articles related to the important issue of homelessness from Alison Watson, Deputy Director at Shelter Scotland, followed by a fascinating account of one person's night spent sleeping rough on the streets of Edinburgh.

We hope you enjoy reading this edition as much as we enjoyed pulling it together! Please get in touch with us if you'd like to give us any feedback.

John McAteer

# SCPHRP goes to Aviemore



*Thanks to SCPHRP's Andrew J Williams for the ambient photo*

The 2014 Public Health conference organised by the Committee of the Faculty of Public Health in Scotland took place over the 6th-7th November 2014 in Aviemore, and SCPHRP were pleased to attend. Before the conference got underway SCPHRP's Tony, Michelle and Andrew took the opportunity to walk around the imaginatively named Loch an Eilein (Loch of the island). The theme of this year's conference was 'Health in a changing Scotland; the ball's in our court' (<http://www.fphscotconf.co.uk/>). Following the Commonwealth Games and the Referendum the conference was aimed at considering what our vision

as a public health community was for Scotland and how we aim to deliver that vision. Plenary sessions were given by Professor John Curtice (on what the outcome of the Referendum means for Scotland), Tam Baillie (on giving Scottish children the best start), Sheila Duffy (on tobacco control), Professor Paul Cosford (on health protection in the UK), Dr Cindy Gray (on innovative behaviour change interventions including the Bingo project), Professor Gerard Hastings (on marketing and public health) and finally Sir Lewis Ritchie (on reflecting back and looking forward for public health in Scotland). Michael Matheson MSP announced that there would be a

review of public health. John McAteer presented a poster on the ESCAPE project "parenting intervention", while Larry spoke about the determinants of childhood obesity being examined in his analysis of the Growing Up Scotland dataset and Andrew presented some preliminary findings from his natural experiment into the impact of the abolition of prescription fees on hospital admissions. The conference was a great opportunity to network and socialise both with existing members of the working groups and potential new collaborators. We all found our Highland excursion valuable and enjoyable.



# Q & A with Professor Annie Anderson

*Annie is currently Director of The Centre for Public Health Nutrition Research and Co-Director of the Centre for Research into Cancer Prevention and Screening.*

*SCPHRP spent some time with Annie to find out more about her work.*

## **Tell us a little about your research interests and expertise**

My research is largely focussed on theoretically based, practical interventions employing diet, physical activity and weight management to reduce cancer (and other NCD) risk. All my research is multi-disciplinary (with physical activity, social and behavioural science expertise) and is committed to understanding behavioural change within the current social context.

## **What do you think is/are the biggest challenge(s) for Scotland in terms of public health?**

From within the arena of dietary change there is no doubt that the food industry present the greatest (but not the only) challenge to addressing sub optimal eating (and drinking) habits and our obesity problems.

My work on the Food Leadership Forum for the Scottish Government Food and Drink policy provided a lens on the power of the food industry in Scotland. Effective cross government work on food has yet to be fully developed. The marketing of energy dense foods (whether advertising, price promotions or product placements) is highly developed and unless we tackle this (as tobacco control has succeeded in doing) we are wasting much of our efforts. In the Food Leadership forum we argued for at least “ a level playing field” in the area of food promotion but what we see is government “inviting industry to rebalance promotions” “Taking junk off the tills” and “limiting inappropriate advertising aimed at children”. Almost two third of adults in this country are overweight and whilst these efforts might be positively described as first steps to improving our food environment they might be more realistically described as tinkering at the edges.





### **How do you think this/these challenge(s) can be solved?**

My colleagues in The Centre for Public Health Nutrition Research have been monitoring the Scottish diet for the Food Standards Agency in Scotland for last decade. Every year we watch the minimal (if any) change that is reported after years of effort around trying to change The Scottish Diet. I have lost count of the number of initiatives I have seen, conferences attended and cross –party group meetings on this topic since the Scottish Diet report was published 1993! Clearly there is no one route for change but multi sector action on food that is not led or dominated by the food and drink industry is crucial.

*There is little doubt that diet in Scotland will continue to deteriorate without major government action.*

### **Should researchers be public health advocates?**

If we think that public understanding of science is an important part of research dissemination then we must learn effective ways to communicate what our research contributes to an overall body of evidence. Such communications involve both telling, listening and answering questions. I think it is unethical to know the relationship between a health behaviour and harm and not to advocate changes in society that can reduce that harm. The “experts” word can carry a lot of weight and sometimes there is even an opportunity to help re-balance the mis-information that is so widespread in the media.

### **What has been your most important piece of work?**

In 2004 I joined the World Cancer Research Fund expert panel on Food, Nutrition, Physical activity and cancer as an observer on behalf of the UICC (International Union for Cancer Control). I had the opportunity to read and comment on lifestyle and site specific cancer evidence and hear the views of the world experts on the interpretation of these data. The process took many weeks of reading, presentations and discussion, and in the end the WCRF report set out a clear summary of evidence and recommendations based on this and has continued to update it through the continuous update project. Reflecting on the volume of data reviewed, consistency and strength of evidence has convinced me that translating this evidence into policy and practice deserves much greater effort and energy, and that is what drives my research and advocacy work.

### **What would people be surprised to know about you?**

I have a tendency to swear (especially when driving!).

### **What do you do when you're not working?**

Work and play overlap a bit through social media efforts (@thescpn and @anniescotta).

*Most days I will practice French, reminding myself of wonderful sunny walks on French hillsides.*

In summer, our poly tunnel, veggie garden and mini orchard keep me happily occupied. Everyday I make time for walking/ running/dancing/cycling which keeps me sane (or as sane as I will ever be!).

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*Professor Annie S Anderson is a Public Health Nutritionist and dietitian. After two years clinical practice she pursued a research career in Public Health Nutrition at the Universities of Cambridge, Aberdeen, Glasgow and the MRC Medical Sociology Unit. Her training spans biological aspects of nutrition as well as behavioural, social and cultural dimensions. In 1996 she was appointed to a professorial position in the University of Dundee and is currently Director of The Centre for Public Health Nutrition Research and Co-director of The Centre for Research into Cancer Prevention and Screening.*

# Evidence for Success

## How to generate and use evidence to influence policy and practice

Written by Patty Lozano-Casal, Evidence into Policy and Practice Manager, Evaluation Support Scotland.



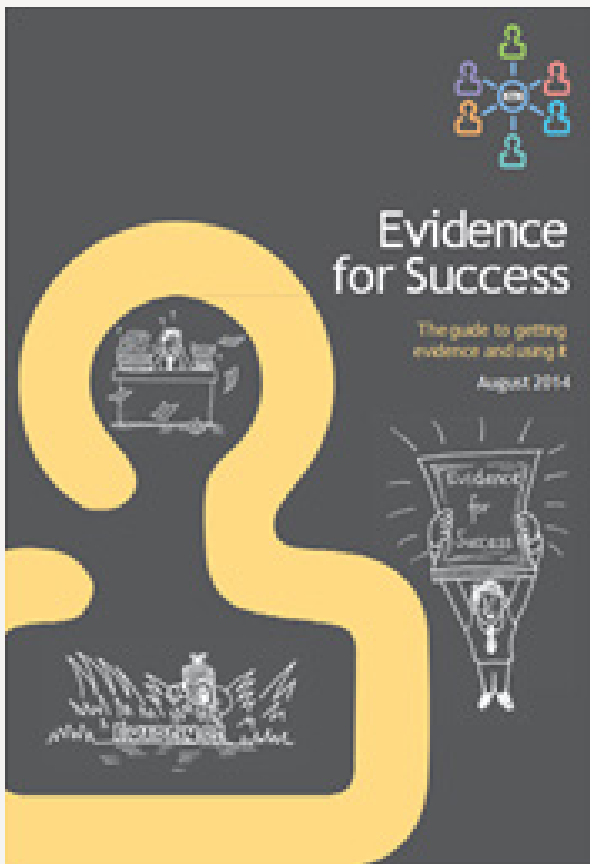
Create an open dialogue with funders

The word 'evidence' certainly triggers a reaction in people! For some it raises enthusiasm (yes, that would be me!); others, however, seem to become anxious and somehow frustrated.

Whether you are a researcher, a policy-maker or a practitioner, you probably work in an environment where messages such as 'we need to evidence the difference we make'; 'we have to do what works', and my own favourite, 'we need more and better evidence', are often in the air.

I wish someone would just clarify what is meant by 'better evidence'. If you don't know what is wrong with your evidence to start with, how can you improve it? I don't think the answer to this is a hierarchy or a 'gold standard' of evidence. I think that having a two-way dialogue around what evidence might be helpful might be what is needed.

I am all up for collecting evidence, as long as there is a use for it. After all, surely evidence should answer a question or solve a problem. Nowadays, we have perhaps too much evidence of the problem, but not enough evidence of the solutions. Sadly, a lot of this evidence related to solutions might be getting lost in discussions around 'hierarchy or standards of evidence'.



[For more tips download your copy of the “[Evidence for Success guide](#)” or, if you are looking for something more hands on and participative, check out the “[Evidence for Success](#)” workshops]

For more info:

<http://www.evaluationsupportscotland.org.uk/about-us/staff/>

Illustrations by:

Yvonne Hastie

So how can we support third sector organisations to make better use of evidence? Here is where the “[Evidence for Success](#)” guide, developed by the [Knowledge Translation Network \(KTN\)](#) can help! The guide provides step-by-step guidance on how to go about generating and using evidence to influence policy and practice. As well as providing useful resources and websites for reference, the guide provides tips from people in the third sector, public sector and academia who have successfully used evidence to influence others.

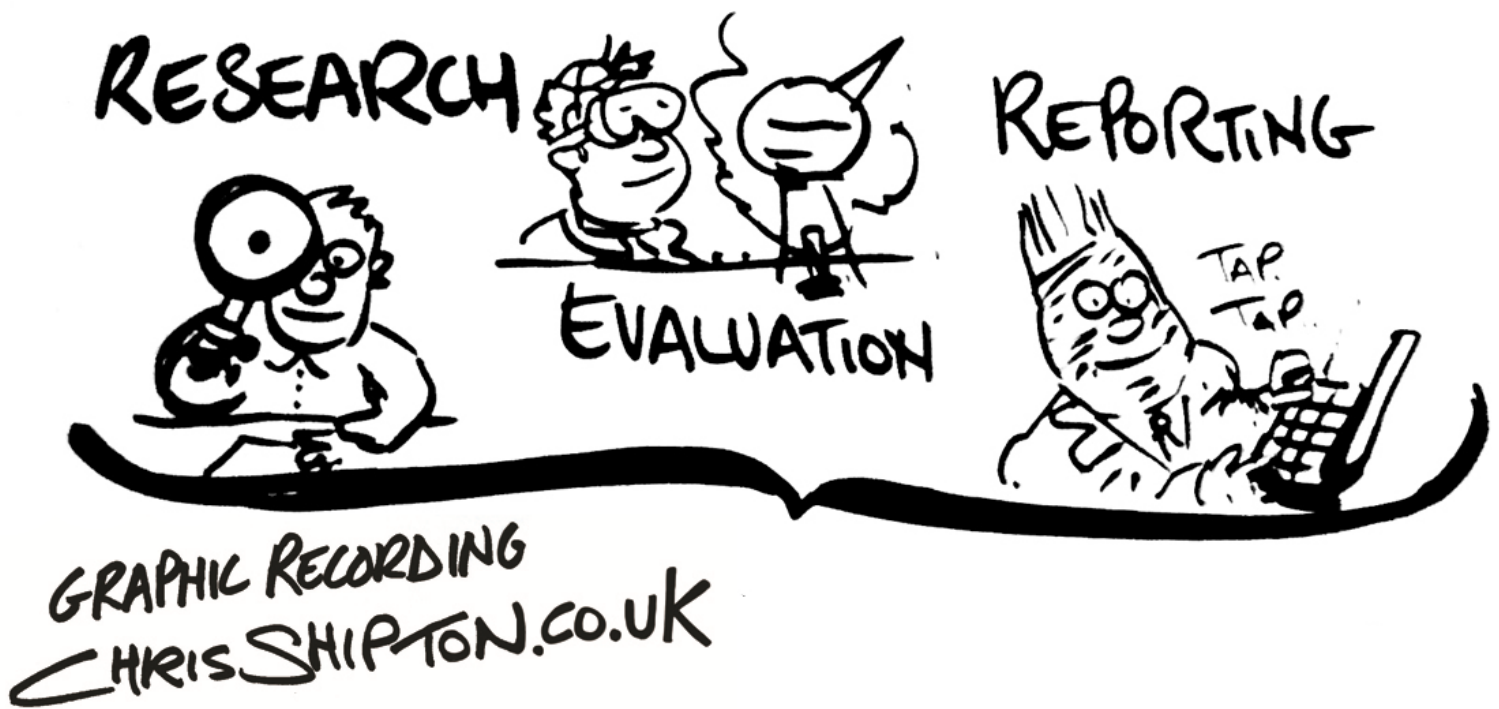
I think it is often easy to forget that, while some of us work around the theory of evaluation and evidence and clearly see its application in practice, others work in public services or the front line, facing ‘real issues’. For them, evidence is not about hierarchies or standards, but fuel for developing and implementing effective policies and interventions that will make a difference to the vulnerable groups they work with.

For me, it all goes back to the ‘human factor’. Regardless of what we do, we are all people; individuals with ideals, values and a vision – we want to make a difference. To do that we need to gather and share evidence of our work so that others can learn from it and so we can continue to improve our own practice and ensure that it is still relevant.

My advice would be to see others as people, rather than job titles, and to seek dialogue around your evidence. You may be surprised to find out how willing people are to listen when you come up with evidence of a solution to their problem! Build trusting relationships around your evidence and get others to champion it too – funders, for example, can be really good allies; whereas, academic researchers can give your evidence ‘va va vooom’!







# 'Creating Better Health & Wellbeing'

A one-day event for community organisations & researchers to network & learn about successful collaboration

This one-day networking and learning event was organised by members of the Adult Life/Working Age Working Group at the Scottish Collaboration for Public Health Research & Policy (SCPHRP). It aimed to help bring academic researchers and community organisations together to discuss methods and experiences of improving health and wellbeing and reducing health inequalities in Scotland.

## The main objectives for the day were:

- **Showcasing some on-the-ground work**
- **Improving understanding between community organisations and researchers**
- **Increasing the likelihood of future connections between academia and community organisations**

SCPHRP worked with graphic recorder Chris Shipton to document the event. Chris specialises in drawing at events, creating sketchnotes and pictures which function as visual maps, capturing the event in words and images. This kind of drawing engages audiences and helps people remember the day.  
<http://www.chrisshipton.co.uk/>





The event was advertised through various channels and networks and attracted 50 participants from across research, policy and practice (healthcare and the third sector). Sandra Carlisle from the University of Aberdeen was invited to give a keynote presentation on '**Community-Based Action Research**'. Five community / Third Sector organisations and one academic group that have had experience of collaborations between researchers and community organisations (either past or present) were identified through their links to NHS Health Scotland, Community Health Exchange / Scottish Community Development Centre and SCPHRP and invited to lead case study discussion groups around experiences of their organisations and relevant projects. Key themes about collaborating that emerged included:

- the importance of trust and equal engagement/partnership from the outset;
- the need to generate the right kinds of evidence;
- the limits placed on projects by time and funding constraints;
- and the added value that can be generated compared to within-sector only collaborations.

# WORLD CAFÉ

EXPLORING THE RESEARCH PROCESS



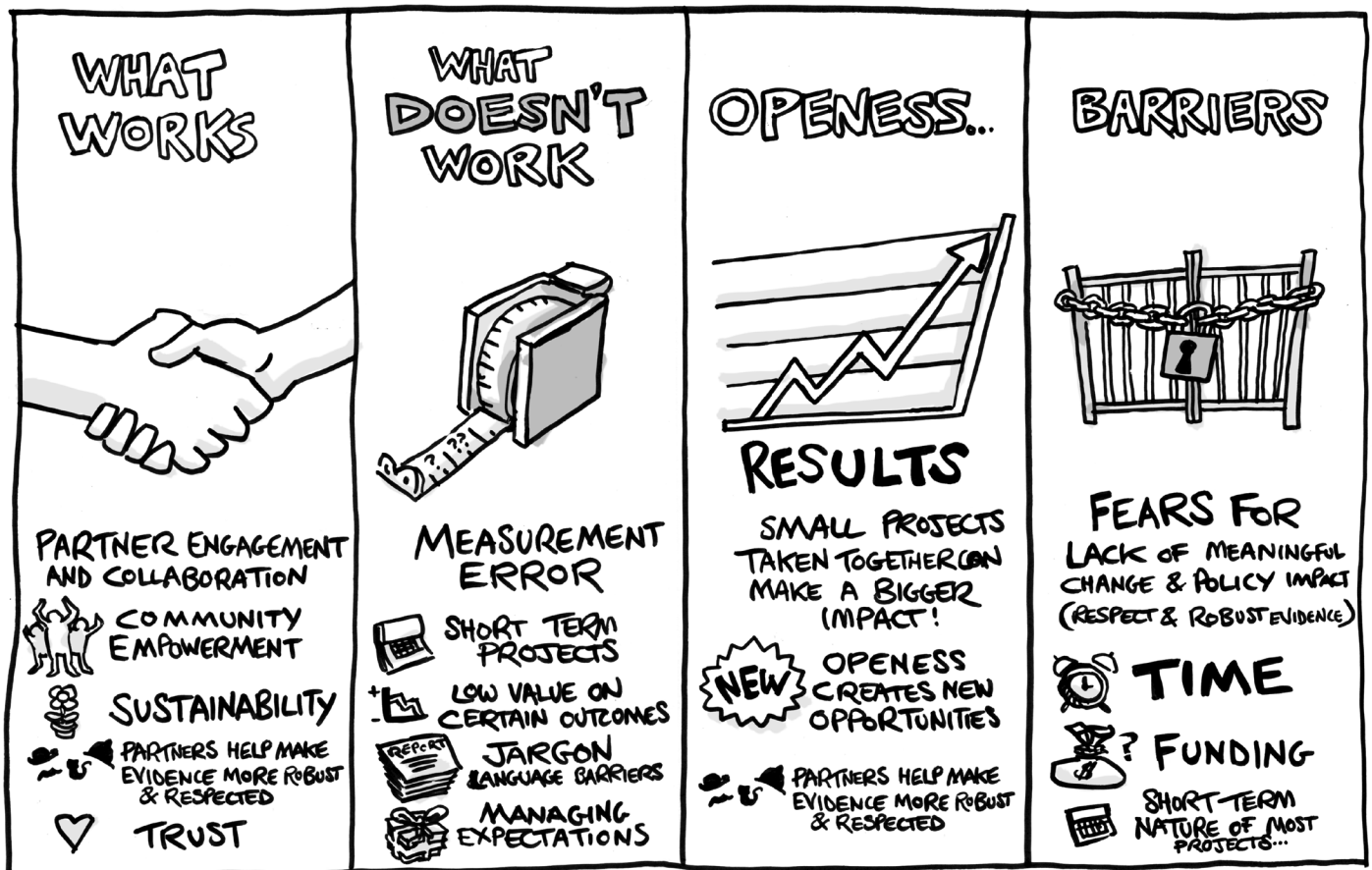
This was followed in the programme with some tai chi to re-energise the attendees after lunch, there's nothing like embarrassing yourself along with a room full of people to help break the ice!. The re-energised room then participated in another round-table discussion session, this time using the World Café method to produce an iterative account of people's experiences of the research process. Five topics were discussed: Starting; Keeping it Going; Evidence; Reporting; and Impact. These discussions were facilitated and recorded by the five members of the organising committee (Elsbeth, Michelle, Sandra, Sue and Tony).

Key themes emerging included: the need for strong and transparent foundations (starting); the importance of key 'champions' within the collaboration (keeping it going); the

need for strong theory and plausible mechanisms (evidence); awareness that reporting may be a stepping-stone rather than an end-point in the collaboration (reporting); and the hierarchy of evidence will be an important factor in impact, especially to funders (impact).

To finish the day Garth Reid, NHS Health Scotland, and Ian Shankland, Lanarkshire Community Food and Health Partnership, superbly summed up the day and suggested some next steps for the group. Some of these next steps included: the need for quality knowledge capture mechanisms across sectors; other opportunities for community groups and researchers to link up and maintain relationships through the various stages; and evidence of good-practice from the likes of our case studies.





# 'Creating Better Health & Wellbeing'

A video of the day can be found at [www.scphrp.ac.uk/watch](http://www.scphrp.ac.uk/watch)

Overall, the event was deemed a success in meeting the objectives of showcasing work, building knowledge around the collaborative research process and strengthening ties between community organisations and researchers. It will be important to capitalise on the energy, networks and shared learning that happened on the day. SCPHRP and the Adult Life / Working Age working group will aim to do this through continued engagement with all attendees who wish to continue in dialogue and action around improving health in Scotland.

Through this report and other disseminated outputs we hope that people will be able to use some of the learning and themes that emerged during the discussions to inform their own work practices and collaborations.



# Housing, Homelessness, Health & Wellbeing

*by Alison Watson,  
Deputy Director of Shelter Scotland*

**Shelter**  
Scotland

Scotland is still blighted by the tragedy of homelessness in all its many forms, despite having some of the most progressive legislation on homelessness in the world.

From people sleeping on the streets or sofa surfing with friends, to families and individuals living in temporary accommodation, hostels or bed and breakfasts, homelessness affects tens of thousands of people every year in Scotland.

Last year alone, around 40,000 households were assessed as homeless, with 10,256 of those placed in temporary accommodation – meaning that 4,228 children are currently homeless and will spend this Christmas

in Scotland without a place to call home. The root cause of homelessness can be anything from a relationship breakdown or chaotic lifestyle, to money and debt problems due to loss of work or reduced income leading to repossession or eviction. This is compounded by a chronic shortage of homes for social rent, with more than 150,000 families and individuals still trapped on council waiting lists across Scotland.

Being homeless or living in bad housing can have a devastating impact on the health and wellbeing of people, particularly children. Homeless children often develop severe anxiety, depression and behavioural problems and often experience bullying, social isolation and insecurity.





There have been many studies about the link between bad housing, homelessness and health inequalities and how they impact on people's life chances. Research carried out in 2005 set the average life expectancy of a homeless person at 42 years. That research also showed 70 per cent of long-term homeless people have symptoms of malnutrition as three out of five don't regularly eat fruit or vegetables.

Currently, austerity measures and, in particular, welfare reform are making life much harder for some of the poorest and most vulnerable people in our communities. Our work brings us very close to the impact of these cuts and reforms and the dreadful consequences on people's lives – from those facing homelessness to households struggling with the basic costs of keeping a roof over their heads.

To help our clients and to find solutions to bad housing and homelessness, Shelter Scotland provides free frontline advice and support services. We also conduct research on housing issues and campaign for more social housing, better, safer and more secure housing for all and we advise the Scottish Government on legislation for positive change.

Shelter Scotland last year set up the independent [Housing and Wellbeing Commission](#) to look into how we as a nation can sustain and improve the wellbeing of all people living in Scotland. This is a look beyond bricks and mortar at policies and programmes for housing which reinforce the importance of good housing in building strong local communities.

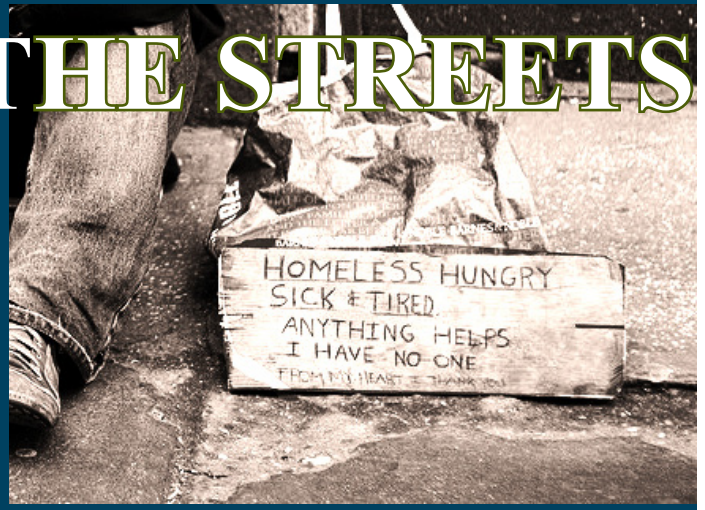
The Commission recently published [consultation papers](#) which take note of the appalling health outcomes that homelessness can cause, and that, despite our progressive legislation, it is clear that the continuing social and economic problems that lead to homelessness and rough sleeping have not gone away. Indeed, they are likely to have worsened since 2008.

Scotland's historic [2012 homelessness legislation](#), which gave every unintentionally homeless person the right to a permanent home, whilst groundbreaking, didn't end homelessness. The first step towards helping those who are homeless, threatened with homelessness or living in bad housing must be an increase in the availability of safe, secure and affordable homes. Addressing housing inequality and the impact it has on health and life chances of people in Scotland is a key factor in building a fairer society.

For more information about Shelter Scotland, please go to the website at <http://scotland.shelter.org.uk/>

# A NIGHT ON THE STREETS

*Cata Gallon spent a night sleeping rough on the streets of Edinburgh. We asked her about her experience..*



## **What was the reason for spending the night on the street?**

It was to raise money for the charity "Rock Trust" (that works for the benefit of young people affected by homelessness) and for public awareness. Spending a night outside would certainly raise public awareness as people pass by and wonder what is happening on the streets of Edinburgh? "Normal" people sleeping rough?

## **When did you spend the night on the streets?**

It was a cold night in November, outside St Andrews and St George's West Church.

## **How did you find out about this?**

I found a leaflet about it, it is always advertised online as well. I just really wanted to take part. When I was single and living in Bath I used to volunteer during the day for a homeless-shelter called "Julian House". Over the years of helping out there I learned how to listen to people affected by homelessness and how to speak to them, but to be honest, it's more about listening to them. Most homeless people just want someone that really listens to them without wanting to "fix" things.

## **What was the experience like?**

I am quite confident when it comes to conversations with people on the street, so, no, I wasn't scared. I get cold very easily and I did really struggle with the cold. We were advised to take a piece of cardboard for isolation purposes and then we would put our sleeping-bags on it, it was still very, very cold. Most of the people taking part in the event wore lots and lots of layers, including my husband and me. There was the option of going inside the building for hot drinks during the night but we wanted to be as "authentic" as possible and stayed outside the whole night. There was also a pizza baker that made pizzas for us but again, I wanted to be "authentic" and so we didn't have pizza - after all,

could a "real" homeless person afford buying a pizza?

## **Did you meet and chat with some homeless people?**

No, we didn't meet any homeless people. I think the problem is, that "real" homeless people know when a charity is putting up an event like that and they may think "what is the point" in spending a whole night outside for us, "luxury" people? At the end of the day we will all go back to our comfortable flats/houses and we all have a pillow and a blanket at night. We have money to put the heating on. We are the privileged, we are **choosing** to spend a night outside. **one** night. We have plenty of clothes to protect us from the chilling cold. The "real" homeless people don't have a choice. They don't have anything of what we take for granted. If I would be homeless I wouldn't want to speak to people that spend one night on the street, I would speak to them if they would want to become like me for a month and go from there!

## **Would you do it again?**

Possibly. But I think there are better ways to help homeless people. We don't need public awareness in Edinburgh as people without a home are everywhere you go. Near to where my husband and I live are two homeless shelters that provide temporary accommodation and a bit further on there is a medical centre for homeless individuals. I don't think we need more public awareness. There are constant reminders of people being less fortunate than us everywhere we look. The problem is that we have become too accustomed to seeing people on the street and it doesn't emotionally affect us anymore. Our hearts need to be softened towards their plea. Because I spend a night on the street all those years ago I am always painfully aware of what it must be like to spend days and nights, longterm, on the streets.....what implications this would have on people's physical health and mental health? It must be awful absolutely awful indeed.

# Alcohol brief interventions (ABI) in wider settings: INEBRIA update

**M**ost of the evidence collected in relation to the effectiveness of Alcohol Brief Interventions (ABIs) has been gathered in health service settings. There is a lack of evidence for the effectiveness of ABIs delivered in wider settings (i.e. settings that are outside the health service).

In Spring 2012, NHS Health Scotland and SCPHRP set up a national programme of work to support evaluations in youth and social work settings specifically. This included providing an evaluation workshop for those involved in planning, managing and/or delivering ABIs in wider settings, and one-on-one evaluation support over a 12 month period. Some of the community projects we worked with over the duration of the project submitted abstracts for presentation at the international ABI conference INEBRIA in Warsaw in September. All were accepted to present their work.

INEBRIA is an international network of researchers, policy makers, practitioners and other stakeholders with a common interest in exploring the potential for using brief interventions to prevent alcohol and other substance use. We are very proud of the projects we worked with, and would like to congratulate them on all their hard work. To mark this achievement, here are their fantastic poster presentations.





# ABI's for young people in the context of a multi-component Community Alcohol Campaign in Glasgow, Scotland

## Alcohol Brief Interventions for young people in the context of a multi-component Community Alcohol Campaign in Glasgow, Scotland

The CRAFT screening tool was incorporated into a multi-component Community Alcohol Campaign. Like cogs in a mechanism, the various components worked together to achieve two key outcomes – reducing alcohol consumption and reducing alcohol related anti-social behaviour amongst young people. The diagram and accompanying working model illustrate how the CRAFT screening tool functioned as an indicator of these outcomes being met. The key components were:



**SGF**  
**Licensed Trade**  
Local licensees helped reduce accessibility to alcohol through responsible sales practice. This was supported by Glasgow City Council Licensing Standards and the Police.

**Community Safety**  
The Police and Community Safety Glasgow addressed alcohol related anti-social behaviour and provided reassurance for the local community.

**Social marketing**  
Partners and literature helped increase community awareness of the legal and moral issues regarding the purchase of alcohol on behalf of young people.

### CRAFT SCREENING TOOL

The brief intervention tool is a series of six questions designed to identify whether a young person might be using alcohol and drugs problematically. The tool focused on alcohol use for the purposes of the campaign. CRAFT is an acronym for the key enquiry points in the questions:

1. Have you ever driven in a **C**ar when you had been drinking alcohol or ridden in a car driven by someone else who has been drinking alcohol?
2. Do you ever use alcohol to **R**elax, feel better about yourself or fit in?
3. Do you ever use alcohol when you are **A**lone?
4. Do you ever **F**orget things you did while drinking alcohol?
5. Do your **F**amily or friends ever tell you that you should cut down your drinking?
6. Have you ever got into **T**rouble while you were using alcohol?

Answering 'Yes' to two or more questions is a positive screen. Young people were also asked how much alcohol (if any) was consumed on an average drinking occasion. For a positive screen and / or high alcohol consumption, the youth organization notified Glasgow Council on Alcohol (GCA) to engage with the young person. There were a small number of positive scores, all received an ABI where appropriate and were given relevant alcohol information to take away with no need for further action or referral.

Screening and ABI for young people are an important part of a multi-component Community Alcohol Campaign. Youth workers are ideally placed to carry out screenings but require additional support from other partners with more specialized alcohol knowledge. The data collected provided a snapshot of self-reported drinking behaviour of a particular population group in the campaign area. The low level of positive screening scores may be attributable to the various components working together to achieve a reduction in alcohol consumption and related anti-social behaviour amongst young people. In the context of a multi-component Community Alcohol Campaign CRAFT can function as a useful indicator of outcomes being met as well as a brief intervention tool.

**Y dnt U**  
**Youth Diversionary Activity Programme**

Local youth organizations provided an alternative to drinking for young people on weekend evenings. Screening was built into the registration process. Youth workers were also trained to use CRAFT.

**NHS**  
**Prevention & Education**

The NHS Health Improvement Team and GCA delivered CRAFT training to local youth workers. They also provided additional screenings, health information, workshops and support throughout the campaign.

The poster illustrates how CRAFT can be built into a multi-component Community Alcohol Campaign. Like cogs in a mechanism, the components worked together to achieve two key outcomes – reducing alcohol consumption and reducing alcohol related anti-social behaviour amongst young people. The low level of positive screening scores may be attributable to the various components and partners working together to achieve a reduction in alcohol consumption and related anti-social behaviour amongst young people. In this context CRAFT can function as a useful indicator of outcomes being met as well as a brief intervention tool.

For further information please contact  
Lee Craig, NHS Greater Glasgow & Clyde  
[lee.craig@ggc.scot.nhs.uk](mailto:lee.craig@ggc.scot.nhs.uk)

# Factors Influencing Effective Implementation of Alcohol Screenings and Brief Intervention (SBI'S) with Young People: a frontline perspective



**Glasgow Council on Alcohol**  
Tackling the misuse of alcohol

**Factors influencing effective implementation of Alcohol Screenings and Brief Interventions (SBI'S) with young people: A frontline perspective**

**Aim**

In order to further the evidence base on the effectiveness of Alcohol Screenings and Brief Interventions (SBI) with young people in the UK, this presentation focuses on identifying the mechanism by which these interventions work, based upon the frontline experience of specialist voluntary sector staff from Glasgow Council on Alcohol: Prevention and Education.

**Setting**

Alcohol Screenings and Brief Interventions were purposely delivered in diverse settings tailored to young people, with staff bringing the intervention to the young people, rather than a model where young people were expected to travel to the intervention.



Local mobile resources and local events targeted at young people were utilised to do this. For example, the Glasgow SOS Bus was utilised as a safe space at the side of Govanhill Park to deliver Alcohol SBI's to young people and follow up alcohol interventions. Alcohol SBI's were delivered at times when alcohol consumption and youth disorder had been identified as an issue, thus responding to local need.

**Staff**

Specialist Voluntary Sector staff were part of a multi-agency approach towards reducing alcohol related harm in the community, and were responsible for delivering Alcohol SBI's to young people. Training and support was also provided to local youth workers to enable them to deliver Alcohol SBI's with young people when appropriate.



All staff were experienced and skilled in applying an informal and friendly approach, as well as being flexible and adapting to the needs of the population. Prior knowledge of working with the particular target group was gained through previous engagement in the area and partnership work with local youth workers.

**FLEXIBLE  
NON-JUDGEMENTAL  
EXPERIENCED  
EMPATHIC**



**Conclusion**

As indicated in previous literature the need for a multi-faceted approach when delivering Alcohol SBI's with young people is pivotal. Implications for future practice include community consultation to ensure the intervention is targeted to local community and delivered in the right setting, as well as investing in experienced and skilled staff, to ensure the intervention has maximum impact.

**Future Work**

In June/July 2014 experienced staff from a detached youth work project in Glasgow received training to deliver Alcohol and Drug SBI's to young people. A robust monitoring procedure was implemented and continued specialist support for staff trained has been put in place.

**Summary**

What factors may influence effective delivery of Alcohol SBI's with young people?

This presentation displays a frontline perspective that indicates that staff and setting may be key factors to consider when delivering Alcohol SBI's with young people.

All findings are based upon a project in the Govanhill area of Glasgow where Alcohol SBI's were delivered to young people during a 6 month period in 2012/2013.

**#Glasgow Has Substance**

[www.glasgowcouncilonalcohol.org](http://www.glasgowcouncilonalcohol.org)  
Facebook; [www.facebook.com/glasgowpande](https://www.facebook.com/glasgowpande)  
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Glasgow Council on Alcohol: Prevention and Education were also part of this multi-agency approach to reduce alcohol related harm and were responsible for delivering Alcohol SBI's to young people, as well as training local youth workers to carry them when appropriate. Based upon the frontline experience of staff the poster presentation displayed below illustrates that staff and setting may be key factors to consider when delivering Alcohol SBI's to young people.

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# Alcohol Brief Interventions Young People and the streets

## Alcohol Brief Interventions Young people and the streets

**1**

Introduction	Objectives	Methodology
The Mobile Alcohol Intervention Team (M.A.I.T) are a group of professionals from different disciplines which includes a nurse, police officer, detached youth worker and substance misuse workers.	To reduce the negative impact of underage drinking on under 18's and the wider community.	Bringing MAIT team partners
The team provide CRAFT assessment and alcohol brief interventions (ABIs) to young people under 18 on a Friday evening on the streets in Kirkcaldy, Scotland, using a custom built mobile unit, bringing advice and support on alcohol related issues to young people within their own community.	To increase awareness for young people about their own drinking and health and will bring and influence choice a young person makes in relation to alcohol consumption.	Partners identify suitable YP for intervention
	To offer appropriate support and onward referrals	Referral to MAIT team
		Referral Yes/No
		Team respond
		Engage and intervention
		Follow up
		Retained by Clued Up, referred on or no action

**2**

MAIT WORKS FOR YOUNG PEOPLE, IT'S AS SIMPLE AS THAT. WITHOUT MAIT, THERE WERE MORE PROBLEMS ON THE STREETS WITH CRIME AND ANTI-SOCIAL BEHAVIOUR.

I STOPPED DRINKING COMPLETELY AS A DIRECT RESULT OF MAIT AND THE FOLLOW UP WITH CLUED UP

THE TROOPS ARE GLAD MAIT TURN UP AS THEY ARE THERE TO HELP AND PROTECT US. EVEN THE POLICE ARE DIFFERENT WHEN THEY ARE WITH MAIT

IT WASN'T DID NOT APPEAR IN KIRKCALDY THAT NIGHT, I WOULD NOT HAVE ASKED FOR HELP TO ADDRESS MY DRINKING

THE ABIs MADE ME THINK ABOUT MY DRINKING HABITS AND I DON'T DRINK AS MUCH NOW

**3**

Responsibilities

Assessment of risk

engaging young people

Identifying those requiring an ABI

and building a relationship

263 young people received an ABI from M.A.I.T.

214 young people consented to a follow up

25% Retained by Clued Up

75% Referred to other services

**4**

Positive outcomes are being achieved and demonstrated by MAIT, as 64 young people reported a reduction in alcohol consumption; that a 68% of those referred who received an ABI and who were followed up. The work demonstrates the value in providing ABIs in wider settings.

Clued Up should be commended for taking a lead, co-ordinating role in the MAIT partnership; even if unofficially

The MAIT partnership is a perfect example of shared leadership, true alliance and harmony. Agencies and other partnerships should take stock and learn from this success

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Clued Up took our Mobile Alcohol Intervention Team (M.A.I.T) to the 11th INEBRIA Conference in Warsaw in September this year. The Service Manager took a poster presentation about MAIT describing what it has achieved over the past few years while delivering Alcohol Brief interventions to young people on the streets of Fife. This gave us the opportunity to highlight to researchers from across the world this unique delivery style and the benefits it has made to young people. The Poster attracted some attention and received good feedback on the basis of the content and design. Links were made with alcohol services in England looking for us to do some consultation with young people on an alcohol application they are producing.

For further information please contact  
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# COMMUNITY FOOD WORK AND MENTAL HEALTH: finding the key ingredients



**E**arlier this year, a team from SCPHRP set out on a research adventure, appointed by NHS Health Scotland to explore how and why food-related activities are offered by so many community-based mental health organisations, and in what ways such activities affect those who participate. To do this, we looked at programme evaluation data and conducted in-depth interviews with managers and directors of mental health organisations throughout Scotland. The activities on offer ranged from vegetable gardening to cooking classes to simply convening for a weekly communal meal.

We expected to find that the answer to our question would have to do with improving diet quality, since diet and indeed overall physical health impact mental wellbeing. What we discovered, however, was that diet quality was simply an added bonus – a potential side effect of the way in which these food-centred activities were affecting participants' mental health.



The service deliverers we spoke to described how food was being used as a tool to engage people who had become very disengaged in society; it was being used to help people overcome barriers to social interaction and to build self-esteem. One programme manager explained that

*“People who live on their own don't observe the niceties of sharing food anymore. It's just sitting in front of the telly and not speaking, and it's not an occasion of any sort. And I think we offer that. It's a family sort of thing. It reminds them that they're important...”*

What also came across clearly in the interviews was that mental health charities are an ideal setting in which to offer this type of programming, because a safe, supportive environment is crucial to getting the most vulnerable and timid individuals to come along and participate. One service director explained,

*“There's some people who don't want to stand in their own home and use knives and things like that because of the voices that they hear. But standing doing it in a place where they feel safe and feel supported made a big difference for them.”*

The social interaction prompted by food-centered activities was described as a key factor in helping participants develop new friendships, strengthen family relationships, and build trust. Every person we interviewed had a powerful story to share. For example, one told us, “[Participant X] has this huge issue about eating in front of people. He's very self-conscious, and he doesn't like to be with other people when they're eating because he finds it quite repulsive. But because of taking part in the cooking group and sharing a meal together and all the rest of it, he was able to come in and have Christmas dinner here with 30 other people. And then said to me at the end of it,

*“I'm so glad I was able to do that because this place feels like my home; it feels like my family, and I was able to sit down with everybody that I care about and have Christmas dinner just like any other family does. That's huge. Really huge.”*



**To read more about the role of food-centred activities in Scottish mental health organisations, download our full report at <http://www.scphrp.ac.uk/meta-synthesis-of-findings-from-evaluations-and-qualitative-interviews-of-work-involving-community-food-and-its-impact-on-mental-health-and-wellbeing/>**

# A vegetable soup recipe



## Odds & ends Minestrone soup

### INGREDIENTS

50g of veg you have available  
1 tin of chopped tomato  
1 tin of water  
25g Spaghetti

### DIRECTIONS

chop veg and put in pot  
add 1 tin of tomatos  
add 1 tin of water, bring to the boil & cook for 10 mins  
add spaghetti and cook for further 10 minutes (When snapping spaghetti, put inside tea towel and break over the counter to save making mess)

