Community Alcohol Partnerships (CAP)

Frequently Asked Questions

Q: What is Community Alcohol Partnerships (CAP)?

Community Alcohol Partnerships (CAP) is a Community Interest Company (CiC) whose aim is to reduce alcohol harm in local communities from drinking by young people under 25 with a particular emphasis on preventing underage drinking. A combination of education, enforcement of Challenge 25, engagement of the community and local businesses and provision of appropriate diversionary activity for young people is the hallmark of the CAP model. All our projects are run as locally managed multi agency partnership programmes with a clear role for alcohol retailers and licensees.

Q: How does this work in practice?

The single most important function of CAP is that it is a catalyst for effective local partnership work to reduce alcohol harm. We bring together a range of local stakeholders with a shared interest in preventing underage drinking and encouraging responsible drinking among young adults. Local partners, including retailers, must be willing to work in partnership to achieve objectives linked to reduction of underage drinking and associated harms. CAP partners vary but will typically include police, trading standards, relevant local authority departments such as public health, licensing, community engagement and youth services, schools, local charities, housing associations, resident associations and alcohol retailers/licensees.

Each local partnership identifies its own priorities (these might include reducing alcohol related anti-social behavior, alcohol litter, proxy purchase, sales to under 18s, parents supplying children with alcohol, vulnerability of children or young adults and/or safeguarding of children from Child Sexual Exploitation where alcohol is a factor.)

Every scheme then carries out a baseline evaluation using a clear and easy to use evaluation framework linked to their chosen objectives.

Only then will partners proceed to launch the CAP and implement an action plan. The action plan is reviewed regularly (monthly for at least a year to 18 months) and key partners take responsibility for carrying out agreed actions.

At an early stage, every scheme will appoint a co-ordinator who agrees to chair meetings and lead the partnership – this role is commonly taken on by
someone in police, trading standards or public health but could be performed by any partner and can be shared between two or more partners. CAP assigns a regional adviser to mentor and guide but it is important that ownership of the project lies with local partners.

After 12 -18 months, or when the action plan has been delivered, a further post-intervention evaluation using the CAP evaluation framework takes place to measure progress against key objectives.

After that, all CAPs are encouraged to join our CAP+ programme in which partners continue to meet regularly though less frequently and certain actions and evaluations continue to ensure that progress is maintained.

**Q: So what actions are undertaken by CAP partners?**

Every CAP will construct a unique action plan to deal with specific problems in the locality but typically all actions fall into one of 5 categories, which we refer to as the 5 Essentials of the CAP model. This is shown below:

**Education**
Education is the single most important element of any CAP’s action plan. Education will take many forms and is targeted at several key audiences:

1. Children and teenagers
Schools are encouraged to follow an alcohol education programme of their choice, preferably one that has been evaluated with proven results, such as the Alcohol Education Trust “Talk about Alcohol” or those that feature on the Mentor ADEPIS website of recommended programmes. In addition we positively encourage CAP schools to use interactive, innovative ways of teaching about alcohol including peer mentoring, Theatre in Education, school action days involving a range of local agencies, Dragon’s Den-type competitions to encourage pupils to present team-based creative solutions to reducing alcohol harm and visiting speakers with special expertise or knowledge.

1. **Parents**

Parental education is of particular importance given that parents are the single most common supply route of alcohol for under 18s. Increasingly we find that schools in CAP areas are recognising the importance of engaging with parents and many this year included relevant information and materials in e-newsletters such as Parentmail and invited CAP partners to parent open evenings. In 2016 we distributed 1,500 hard copies of Drinkaware’s parents’ resources to schools in CAP areas and parents/residents at community events. We recognise this is an area which requires further focus and will continue to encourage CAPs to implement effective parental engagement strategies.

2. **Retailers and licensees**

Every CAP makes arrangements for free training to independent retailers and sometimes also to publicans on correct use of Challenge 25. We provide free CAP-branded Challenge 25 signage, including staff badges, posters and stickers. Where independent traders are unable to release staff for training sessions, we make arrangements for them to receive one-to-one training. In 2016 we provided 17 training sessions and helped 160 retailers in eight CAP areas. Training is delivered either by training departments of larger supermarkets, local Trading Standards services or the CAP Officer. An important and valuable offshoot of this training is the sense that traders/licensees do not feel isolated in dealing with issues but have a network of peers and feel confident to pick up the phone to known trading standards or licensing officers if they are experiencing difficult situations e.g. groups of youths being intimidating.

**Enforcement**
Appropriate and proportionate enforcement is encouraged in CAP schemes but usually only as a backstop after all efforts to educate have been exhausted. Compliancy testing (not test purchasing) but mystery shopping using over 18s is positively encouraged in CAPs to establish compliance with Challenge 25. If weaknesses are found, remedial action (in the form of training and signage) is offered. If all efforts at supporting a licensed premise fail then enforcement remains an option and at that point a test purchase is usually considered necessary.

The same approach is encouraged with proxy purchase – if offenders ignore warnings and an educational approach is clearly not working then schemes are encouraged to make full use of Fixed Penalty Notices for the offence of proxy purchase.

Confiscation of alcohol from under 18s drinking in public places is encouraged but this generally takes place after steps have been taken to provide education and diversionary activity for youngsters. Signage will generally be displayed warning that alcohol will be confiscated from under 18s drinking in public.

**Entertainment (Diversionary activity)**

CAP encourages scheme partners to conduct an early assessment of the provision of leisure and diversionary activities for young people in the area. Partners are urged to consult young people about the appropriateness of the activity on offer and to look at ways to increase accessibility (by signposting on social or other media and also by offering discounted or free sessions) and using whatever funding is available locally, often with some match funding from CAP. As well as enhancing young people's confidence, mental and physical health and well-being, diversionary activity is also an excellent opportunity to deliver alcohol education in an informal setting. The process of consulting with young people gives them a sense of ownership and sends an important message that their voice matters.

**Community Engagement**

Alcohol-related crime and anti-social behaviour is often associated with underage drinking and can blight local communities, turning them into no-go zones for local residents and affecting local businesses. Tackling alcohol-related crime is generally a high priority for police, councils and local politicians. Reductions in youth anti-social behaviour almost always result in significant benefits for residents’ quality of life and once local people feel safer to go out and about, businesses benefit too. It is important that residents know what is happening in their
neighbourhood and that they are involved and consulted in the process. Local media (regional paper for example) and local social media can play an important role in communicating key messages to local residents. Supermarkets, convenience stores and local pubs are ideally placed to help with resident engagement – e.g. resident surveys, information and awareness raising on key CAP themes. Our experience shows that the store managers and licensees almost always want to be part of the solution and not part of the problem.

**Evaluation**

Every CAP project is evaluated from the outset using an agreed evaluation framework. CAP’s evaluation framework was developed for us by London Metropolitan University and provides a means for CAPs to measure their performance against key objectives. The framework incorporates a number of SMART (specific, measurable, attainable, realistic and timely) targets and is based on a clear theory of change which flows logically between aims and objectives, proposed activities and desired outcomes. Since 2013, all CAPs have been required to carry out a baseline evaluation against the CAP Evaluation Framework or another agreed set of measures. At the end of the project, and sometimes mid-term, further evaluations are carried out. We are in the process of developing a “light touch” evaluation framework for CAPs in maintenance.

**Q: Is CAP a national or a local organisation?**

CAP is the national co-ordinating organisation for the establishment of local Community Alcohol Partnership schemes which can be set up in any area with evidence of an underage drinking problem. Individual CAP schemes are generally referred to by their place name e.g. Biggleswade CAP, Newtown CAP. CAP was established as a Community Interest Company (Cic) in 2011, with an independent Chairman and a Board consisting of Directors drawn from the not-for-profit sector and from alcohol retail sector. Our Cic number is 07478097.

**Q: What makes CAP unique?**

The single most important function of CAP is that it brings together a range of local stakeholders who agree to work together to influence a given problem behavior (always prevention of underage drinking but usually several other linked behaviours). The premise is that working together, with agreed shared objectives, is much more effective than agencies working in silos, chipping away at the problem in an uncoordinated way. The involvement of off-trade retailers (supermarkets, convenience stores and
independent retailers) in local partnerships and a strong focus on tackling underage drinking are the hallmarks of CAP. However, CAP is by no means limited to the off-trade nor do all CAPs focus exclusively on underage drinking – as of March 2017 all schemes will be encouraged to include a focus on encouraging responsible drinking among young adults and some schemes also choose to focus on reducing street drinking. One of CAP’s great strengths is its flexible, adaptable model, which can be tailored to fit the needs of any particular community.

Q: **How is CAP funded?**

Funding for Community Alcohol Partnerships is provided by companies who produce or retail alcohol. Our current funders are Australian Vintage, ASDA, the Association of Convenience Stores, Brown Forman Brands, Co-operative Food, Diageo, Edrington Beam Suntory, Heineken, Lidl, Marks & Spencers, Mast-Jaegermeister, One Stop, Sainsbury’s, the Scotch Whisky Association, Tesco, Treasury Wine Estate and Waitrose.

Q: **Do all CAPs have the same objectives?**

No. One of CAP’s great strengths is its flexible, adaptable model, which can be tailored to fit the needs of any particular community. Local needs vary as do the objectives of local CAPs. While there are a set number of core objectives local CAPs are free to prioritise and add to these to meet local needs.

A typical CAP’s objectives might be to:

- Reduce alcohol sales to under 18s (focusing on the seller)
- Reduce purchases by under 18s and proxy purchases (focussing on the purchaser)
- Reduce youth anti-social behaviour associated with alcohol consumption
- Improve the alcohol education offer for young people (via schools and extra-curricular provision)
- Enhance the diversionary activities available to young people (via youth services and local charities)
- Encourage responsible drinking among 18-25s
- Reduce incidents of street drinking and support street drinkers into appropriate treatment
- Develop a responsible retailing ethos and effective partnership approach in the CAP area which embraces Challenge 25 and acceptance of Proof of Age Standards Scheme (PASS)
- Increase local residents’ perceptions of safety, well-being and belonging
Some CAPs also include objectives such as reduction in alcohol related anti-social behaviour for 18-25yr olds and/or activities related to risk reduction behaviour for pre-teens.

Q: Are any activities out of scope for CAP?

CAP’s main aim is to develop practical, community-based solutions to underage drinking and the resulting harms to communities. We do not engage in wider policy debates around alcohol and therefore remain neutral on policies such as:

- Alcohol pricing and/or taxation
- Alcohol promotions, advertising and marketing
- Alcohol placement in stores
- Policing and management of the night time economy

We work closely with schemes that are designed to promote the responsible management and operation of licensed premises (e.g. Best Bar None, Pubwatch, Drinkaware Crew) and safer town centres (e.g. Purple Flag, Business Improvement Districts) as well as schemes such as PASS and Street Pastors. These will become increasingly important in CAP partnerships as schemes focus on encouraging responsible drinking among young adults.

Wherever local strategic partnerships already exist (e.g. Alcohol and Drug Partnerships, Community Safety Partnerships, Drug and Alcohol Partnerships) CAP will seek to build on these and provide added value and strategic focus on tackling underage drinking.

Q How much does a CAP cost?

There is no direct cost to local partner organisations/agencies to participate in a CAP. Partners – especially the lead co-ordinating agency – will need to commit a limited amount of time to partnership activity (for example in attending partnership meetings and completing agreed actions) as agreed at the outset of the partnership.

Partner agencies tell us that being part of a CAP offers excellent value for money and that any time invested usually pays dividends in terms of positive outcomes and improved relationships with other partners. Given that alcohol-related harm places a significant burden on the health and criminal justice systems, as illustrated by the examples below, preventive interventions such as CAP can result in significant savings for Local Authorities and Police.

Cost of Ambulance call out £299
Minor operation £257
Cost of Hospital bed £412 per night
Intensive care unit £1,509 per night
Cost per arrest £1,668

Public Health England (PHE) estimates that every £1 invested in early interventions to prevent misuse of alcohol equate to a potential £5-£8 benefit. Prevention pays!

Being part of a CAP offers a number of other benefits to partners including:

- Expert guidance from our highly experienced regional CAP officers including access to our bespoke CAP evaluation “toolkit”
- Access to free posters/materials - e.g. proxy purchase campaign materials - and digital media platforms (e.g. Twitter)
- Free use of CAP gazebo at events
- Free or reduced price PASS accredited cards
- Opportunity for schools to receive free alcohol education programmes/teacher training
- Opportunity to bid for funding for diversionary activity

Q **How many CAPs are there?**

In total, 162 CAPs have been launched since the scheme was first piloted in 2007. Our ambition is to launch a further 150 CAPs between the period 2018-2021. We will give priority to areas with evidence of relatively high
underage drinking problems (as measured by alcohol specific hospital admissions for under 18s or some similar measure).

Q: **How big is a CAP area?**

CAPs vary in size and have been trialled in a range of settings that include inner city, suburban and rural environments. While the first CAPs were very small in size (typically consisting of a geographical area equivalent to a “ward” with generally no more than 20-30 licensed premises) the model has since been adapted to work over larger areas. Our largest CAP is across the borough of Reading. Early indications show that a concerted focus on problem areas within larger CAPs is an important factor in reducing problems.

Q: **How long does a CAP run for?**

Typically, CAPs will carry out action plans for around 12-18 months with partners meeting on a monthly basis after which they will be encouraged to enter our CAP+ programme to sustain the gains made.

Q: **How are CAPs evaluated?**

CAP’s evaluation framework was developed for us by London Metropolitan University. It provides a means for CAPs to measure their performance against key objectives. The framework incorporates a number of SMART (specific, measurable, attainable, realistic and timely) targets and is based on a clear theory of change which flows logically between aims and objectives, proposed activities and desired outcomes. The framework is reviewed at regular intervals and an independent review of the framework is currently underway.

Since 2013, all CAPs have been required to carry out a baseline evaluation against the CAP Evaluation Framework or another agreed set of measures. At the end of the project, and sometimes mid-term, further evaluations are carried out.

All CAPs must collect baseline and post intervention data to enable them to evaluate effectiveness against the following key indicators:

- purchase of alcohol by under 18s
- retail compliancy with Challenge 25
- proxy purchase of alcohol (i.e. purchase for under 18s by adults)
- alcohol related health harms for under 18s (e.g. ambulance pick-ups, hospital admissions etc)
• residents' perceptions of anti-social behaviour associated with underage drinking
• incidents of alcohol related crime among under 18s
• levels of drinking by under 18s
• young people’s views on diversionary activity
• retailers' and licensees' relationships with enforcement agencies
• retailers' and licensees' views on anti-social behaviour by under 18s

Q: Does CAP make a difference?

There is an emerging body of evidence – both from the 5 independent evaluations commissioned by CAP and the self-evaluation reports that all schemes are required to produce - that CAP helps to reduce alcohol-related crime and disorder and the acquisition of alcohol by under-18s.

Local needs vary as do the objectives of local CAPs. The impact of individual CAPs reflects this variety of objectives, - for example:

There is an emerging body of evidence – both from the five independent evaluations commissioned by CAP and the self-evaluation reports that all schemes are required to produce - that CAP helps to reduce alcohol-related crime and disorder and the acquisition of alcohol by under-18s. In recent years we have also seen significant reductions in weekly drinking among Years 9-11 in CAP schools.

Typical improvements in the key measures are:

• 60% reductions in weekly drinking among Years 9-11
• 40% reductions in youth alcohol-related anti-social behaviour
• 85% reductions in seizures of alcohol from under 18s drinking in public
• Pass rates of 90-100% in Challenge 25 compliance following CAP training
• 41-65% reductions in attempted “proxy purchase”

Local needs vary as do the objectives of local CAPs. The impact of individual CAPs reflects this variety of objectives - for example:

**Airedale, Ferry Fryston and Townville CAP, Wakefield**

• Percentage of Year 9-11s drinking at least weekly fell from 31% to 15%
• 45% increase in retailers reporting an improved relationship with police and trading standards
• Since the CAP was set up in 2014, alcohol-related anti-social behavior incidents have fallen year on year as follows: 2014 – 724 incidents; 2015 – 516 incidents; 2016 – 466 incidents
Aldershot CAP, Hampshire

- Percentage of Year 9-11s who had ever drunk alcohol fell from 69% in 2014 to 55% in 2017

Alnwick CAP, Northumberland

- Only 5% of residents reported underage drinking as being a fairly or very big problem after the CAP was set up compared to 50% before the CAP
- Percentage of Year 9-11s drinking at least weekly fell from 24% to 4%

Askern, Norton and Campsall CAP, Doncaster

- Percentage of Year 9-11s drinking at least weekly falls from 16% to 12%
- 75% reduction in attempted proxy purchase (as measured by retailer surveys)
- 65% reduction in attempted proxy purchase (retailer survey)
- 55% reduction in young people hanging around outside off licences and asking adults to buy alcohol for them (residents’ survey)
- 23% of residents reported underage drinking as being a very or fairly big problem before the CAP was set up compared to 45% before the CAP

Barnsley CAP, South Yorkshire

- 30% reduction in alcohol related anti-social behaviour in the CAP area compared with a 7.4% drop in matched control areas

Blyth CAP, Northumberland

- Percentage of Year 9-11s drinking at least weekly fell from 23% to 2%
- The number of public spaces identified as being ‘problem areas’ for public underage drinking fell from 11 to 1

Boston CAP, Lincolnshire

- Percentage of Year 9-11s drinking at least weekly fell from 28% to 12%
- 96% compliance with Challenge 25 test purchase exercise after CAP training initiative

Brecon, Powys, Wales
• Reduction in alcohol-related youth ASB of 39.5%

Castleford CAP, West Yorkshire
• Calls to the police from the public about alcohol-related anti-social behavior by young people fell from 1753 in months 0-3 to 659 in months 4-6 and 694 in months 7-9
• Attempted purchase by under 18s fell from 63% to 14% (retailer survey)
• Percentage of Year 9-11s drinking at least weekly fell from 31% to 15% in 2017 and 7% in 2018

Conisborough CAP, South Yorkshire
• Percentage of Year 9-11s drinking at least weekly fell from 16% to 12%

Corby CAP, Northamptonshire
• 27% reduction in alcohol related anti-social behaviour by young people in the CAP area
• Only area in Northamptonshire to record year on year reductions in anti-social behavior for the period 2014-2016 compared to a countywide increase of 7.6%

Derry CAP
• Referrals to youth diversion officers decreased from 114 to 40
• Youth nuisance decreased by 50%

Durham CAP
• 25% reduction in alcohol related anti-social behavior and a 50% reduction during school holidays in the school holidays in the CAP areas compared with a 15% drop in matched control area in Darlington

Edinburgh CAP
• 18% reduction in alcohol-related crime
• 80% reduction in alcohol seizures from young people

Gateshead South CAP
• 50% reduction in youth alcohol-related crime

Great Yarmouth CAP, Norfolk
• 83% decrease in police letters to parents of under 18s caught with alcohol
• 1333 young people engaged with through the Matthew Project
• 61% decrease in crime and disorder reports linked to street drinking in CAP area compared to a 25% decrease across the rest of Norfolk

**Hayling Island CAP, Hampshire**
• 41% decrease in anti-social behavior
• Percentage of Year 9-11s drinking at least weekly fell from 12% to 5%

**Hebden Bridge CAP, West Yorkshire**
• Percentage of Year 9-11s drinking at least weekly fell from 22% to 3%

**Islington CAP, London**
• 50% reduction in youth alcohol-related accidents requiring the attention of the London Ambulance Service
• 100% pass rate in test purchase exercise following CAP training initiative

**Kingsthorpe and St David’s CAP, Northamptonshire**
• 4 fewer “problem areas” where underage young people are drinking
• 30% reduction in calls from the public about underage drinkers causing public order problems
• 41% reduction in attempted proxy purchase
• 100% pass rate in test purchase exercise following CAP retailer training

**Mansfield CAP, Nottinghamshire**
• 53% reduction in youth anti-social behavior
• 14% reduction in attempted proxy purchase

**Peterlee CAP, Durham**
• 66% decrease in alcohol litter at problem locations
• Six fewer anti-social behaviour hotspots in the area
• Only 9% of residents report underage drinking as being a “very big problem” after the CAP was set up compared to 46% before the CAP
Reading CAP, Berkshire
- Decline in test purchase failures from 72% in January 2015 to 17% in August 2017
- Alcohol litter problems decreased significantly in 9 of 15 problem locations

Sutton in Ashfield CAP, Nottinghamshire
- Percentage of Year 9-11s drinking on a weekly basis fell from 31% to 26% (Year One of CAP) to 13% (Year Two)
- 27% of residents reported underage drinking as being a very big or fairly big problem after the CAP was set up compared to 39% before

Swanscombe CAP, Kent
- The number of public spaces identified as being ‘problem areas’ for public underage drinking fell from 17 to 4
- Percentage of retailers reporting attempted proxy purchase to be at least a monthly problem fell from 43% to 0%
- 100% of retailers reported an improved relationship with police and trading standards
- 34% decrease in residents’ perceptions that youth-related anti-social behavior was a problem

Todmorden CAP, West Yorkshire
- Percentage of Year 9-11s drinking on a weekly basis fell from 16% to 3%
- Only 12% of residents reported young people being drunk or rowdy in public places to be a big or fairly big problem after the CAP was set up compared to 66% before the CAP
- 100% compliance with Challenge 25 test purchase exercise compared to 40% at outset

Tower Hamlets CAP, London
- 62% decrease in anti-social behavior across the CAP area (2015-2017)
- 87% decrease in alcohol seizures
- 80% decrease in youth disorder

Wakefield Central CAP, West Yorkshire
• Percentage of Year 9-11s drinking on a weekly basis fell from 24% to 3%

Wantage and Grove CAP, Oxfordshire
• Percentage of Year 9-11s who do not drink at all increased from 17% to 25%
• Percentage of Year 9-11s drinking on a weekly basis fell from 15% to 8%
• 28% reduction in residents reporting underage drinking as being a problem in the area
• 100% pass rate in test purchase exercise following CAP training initiative

Q: How are CAPs set up?

The process for setting up a CAP is quite simple and will generally involve bringing together a number of agencies working to reduce alcohol related harm to young people and associated anti-social behaviour as well as involving local alcohol retailers. Experience has shown that clear identification of the issues and planning before commencement is key to success. It is essential to build evaluation (pre- and post-) into any action plan as evaluation is a mandatory part of any CAP scheme.

All new schemes will be allocated a project officer (CAP Regional Adviser) who will be able to provide expert advice and guidance. Registered schemes will also receive access to our unique "toolkit" of template process documents, evaluation models, surveys and a number of useful resources for CAP schemes.

Q: Is CAP just for the off-trade?

No. CAP’s origins lie in the Retail of Alcohol Standards Group (RASG) set up in 2005 by the Wine and Spirits Trade Association (WSTA). We retain close links with RASG members and the involvement of off-trade retailers (supermarkets, convenience stores and independent retailers) in local partnerships remains a defining feature of CAP. However CAP is by no means limited to the off-trade and increasingly CAPs include representation from on trade partners including Pubwatch and Best Bar None. Involvement of premises involved in the Night Time Economy (NTE) is likely to become more important as we encourage schemes to focus on encouraging responsible drinking among young adults in addition to their core purpose of preventing underage drinking and associated harms.
Q: What are the future plans for CAP?

Our goals for the period 2018-2021 are threefold namely:

• A doubling of the number of CAPs (an additional 150) in priority areas – to include the newly established LAAA areas – to achieve near universal coverage of CAPs in all areas with above average underage harms;
• Support to sustain the impact of CAPs after the initial 1-2 years of intense activity;
• Extending the remit of CAPs to provide continued coverage as children reach 18 years and become young adults.

In order to finance this period of rapid growth our income generation strategy is as follows:

• Contributions from existing funders (16) to be held at current levels, contributing 50% of required income
• New funders (12) to be found providing 30% of required income
• Seek grants/public funding for remaining 20% of required income.

After we achieve universal coverage in high harm areas, our income requirements will drop as we move towards consolidation/sustainment of gains made.

Updated 17th Sept 2018