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An unlikely hero? : challenging stigma through community engagement

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Introduction

According to Goffman, stigma extensively discredits a person, reducing them "from a whole and usual person to a tainted, discounted one" (p.3). The current paper shows how an innovative partnership model to employing excluded and vulnerable populations has not only provided hope and purpose for participants but has, through the resulting social enterprise, challenged stigma and exclusion. One particular incident is described as part of a broader process of challenging exclusions and stigmatisation, in this preliminary analysis of a recovery project that attempts reintegration through community improvement.

There is considerable evidence that stigma is a major problem for alcohol and other drug users and their families, with the World Health Organisation reporting that illicit drug use is the most stigmatised health condition in the world with alcohol dependence as the fourth most stigmatised (WHO, 2001). The UK Drug Policy Commission (2010) define stigma as "an indelible mark or a stain, and the term is generally applied to an attribute that makes a person unacceptable in other people's eyes" (p.1). The UKDPC goes on to suggest that stigma goes beyond stereotyping in that it often leads to prejudice and active discrimination. In a recent study on public attitudes to stigmatised behaviours, Phillips and Shaw (2013) not only demonstrated that substance misuse was more stigmatising than either obesity or smoking, but also that the general public have limited faith in recovery or desistance. Thus, participants retained a preference for social distance even towards those substance users who were described as being in recovery.

Jones, Simonson and Singleton (2010) surveyed over 3,000 members of the general public and found that nearly 60% reported that 'one of the main causes of drug dependence is a lack of self-discipline and willpower'; nearly half agreed that 'people with a history of drug dependence are a burden of society'; and over 40% agreed that 'I would not want to live next door to someone who has been

dependent on drugs'. Braithwaite (1989) has argued that repeated exclusion and stigmatisation leads to the development of a 'master identity' as an offender and so compounds the exclusion by others with a self-exclusion that reduces access to help and support and to engagement with social capital. Braithwaite argues that where societies practice disintegrative shaming (where the miscreant is excluded) rather than reintegrative shaming (where the punishment actively includes explicit ceremonies or acts of reintegration within the community) there is greater stigma and greater likelihood of developing a master identity of an offender. This is consistent with Goffman's (1963) conclusion that, where a person perceives themselves to be "a discredited person facing an unaccepting world" (p.19), they are unlikely to respond well to rehabilitative supports and interventions.

This exclusion is likely to impact on the individual's social as well as their personal identity, and the second conceptual frame pertinent to the current analysis relates to Social Identity Theory. Social Identity Theory proposes that, in a range of social contexts, people's sense of self is derived from their membership of various social groups. The resulting social identities serve to structure (and restructure) a person's perception and behaviour — their values, norms and goals; their orientations, relationships and interactions; what they think, what they do, and what they want to achieve (Tajfel & Turner, 1979; Haslam, 2014).

Social group membership and particularly a strong sense of identification with a group provides a lens through which to view the world and access to values, norms beliefs and attitudes that are reinforced through engagement with the group. The social identity approach offers an explanation for the beneficial effects of group membership found in previous research assessing recovery from substance use (e.g. Best et al., 2012, Zywiak et al., 2009), where more active involved in a range of recovery groups has been associated with better outcomes. However, it cannot be assumed that all the groups to which individuals belong have a positive impact on physical and psychological

wellbeing (Haslam, Reicher & Levine, 2012; Jetten et al. 2014), nor that they all promote healthy behaviours (Oyserman, Fryberg & Yoder, 2007).

Because groups are strong determinants of self-definition (Turner, 1991), strong affiliation with a group that is discriminated against and socially excluded due to involvement in deviant norms and activities (e.g. groups of drug users or problem drinkers) may also increase group members' health vulnerability and reduce subjective wellbeing and self-esteem (Schofield & Eurich-Fulcer, 2001). This is the situation for many people starting on their recovery journeys who either have the choice of re-engaging with their former using network and thus risking relapsing and returning to their former lifestyle or social isolation (Best et al, 2008). Thus, one of the key objectives of a recovery journey is transitioning to networks that are supportive of recovery (Longabaugh et al, 2010) that can offer a positive sense of social identity and that offer protection against stigma and exclusion.

Yet stigma can threaten social identity (Major and O'Brien, 2005) as it can impact on self-esteem and lead to the belief that adverse life events result from being the member of a stigmatised group (Steele, 1997), such that belonging to groups of drug users and offenders can result in adverse impact on self-esteem and wellbeing. This is particularly the case as members of stigmatised groups are more at risk for mental and physical health problems such as depression, heart disease and stroke (American Health Association, 2003; Jackson et al, 1996; McEwen, 2000). The perception of social status is critical – there is evidence that subjective perceptions of social status are positively related to health outcomes, even controlling for objective indicators of social status (Adler et al, 2000; Ostrove et al, 2000). Thus it is critical that for those overcoming drug and alcohol problems and offending histories to have a sense of a positive social identity for a range of health-related outcomes.

Rationale: This is a preliminary overview of an innovative project that has attempted to create a visible recovery identity as part of a social enterprise building and renovating housing in Blackpool

England. The purpose of the paper is to describe the history and development of the project and then to address the following questions:

1. How does a visible social identity of recovery impact on personal and social identity of participants in the project?
2. How does a visible recovery identity impact on stigma and exclusion?
3. How is this influenced by a pro-social event that challenges stigmatised and discriminating perceptions of former prisoners with substance use problems?

Method and findings

Setting: Jobs, Friends and Houses (JFH) was set up as an independent business (a Social Enterprise) by Lancashire Constabulary who seconded an experienced police sergeant to run the organisation in partnership with a well-known member of the local recovery community who had done considerable work supporting recovery in the two local prisons (Preston and Kirkham). The rationale for JFH is that it is a business that aims to operate at a profit but whose goals are to provide training and employment to two socially excluded groups (those coming out of prison and those with substance problems).

JFH builds and renovates property in Blackpool, Lancashire, either for sale or to rent out to those who work on the project, thus regenerating run down properties, and creating high-quality accommodation for those who are employed as builders on the project. Individuals who sign up with JFH undertake an initial week of volunteering and, if this is successful, are enrolled in a Build It Up training course with Blackpool and Fylde College, while continuing with the volunteering at the project. On completion of the course, graduates are then enrolled in a two-year building apprenticeship in a relevant building skill.

Throughout the period of their apprenticeship, all JFH team members also work on renovating the properties acquired by JFH, initially under the tutelage of skilled craftsmen. At the time of writing (July 2014) there are around 30 individuals working as part of the JFH team across eight sites in Blackpool. The project has been highly successful in attracting building contracts as word has spread about the quality of the work and the speed and efficiency of the team. However, the project is also unusual in that it has a strong welfare component with a wellbeing coordinator and a range of social activities (including mutual aid meeting attendance, but also photography courses, a football team and a series of recreational activities) central to the programme. In other words, participants are committing to more than a nine-to-five job and this is central to the social identity concept of the programme (Jetten, Haslam and Haslam, 2012).

Additionally, at the time of writing, only one person has been asked to leave JFH as a result of their relapse to substance use and there have been no reported instances of involvement in crime resulting in reduced involvement in the programme.

Method: This preliminary paper is based on assessing the development of social identity using a combination of interview, focus group and photographic materials, supplemented by an in-depth interview and focus group relating to a criminal incident that the JFH team were involved in. This data collecting process has been opportunistic but is illustrative of an emerging social identity and status that challenges stigma and discriminatory attitudes. The interview and the focus group were both tape recorded and transcribed and rather than using a thematic approach as much of the material as possible has been presented in the results section below. The primary data collecting process has been supplemented by the inclusion of a number of key informant interviews collected for the evaluation of the project, consisting of 18 external stakeholders and ten participants in the programme .These data have been drawn upon to draw out issues around identity and perceptions of success factors at JFH.

Results

1. Jobs, Friends and Houses: A visible social identity of recovery

In contrast to a number of recovery projects (and indeed the anonymous mutual aid movements) JFH is a highly visible 'brand' in Blackpool with a high profile logo clearly displayed on a number of vans that can be seen throughout the town, around the properties that they are working on and, crucially, on the t-shirts, fleeces and high-visibility jackets worn by the JFH team (and managers) while engaged in the building and renovation work.

INSERT FIGURES 1, 2 AND 3 ABOUT HERE

This is critical to the JFH social identity as a 'knifing off' (Maruna, 2001) of their 'addict' or 'offender' identities and re-creating a new positive identity that is both about being part of something that confers a sense of belonging and pride but that is a publicly accessible sign of being in meaningful employment. This will contrast to their previous exclusions and stigmatisations that resulted from stigmatised identities. In this context, the consequences of the incident described below can be seen to cement this recovery identity but also as a means - both within the team and in terms of relationships with a host of external groups - to enhance a pro-social and valued identity around belonging to JFH.

2. Intervening in serious gendered violence

On the day when the woman was attacked, the JFH team got to work at ten to eight, signed in at just after 8am and they were standing on the front step of the building they were working on, when the landlord from a hotel across the road came running out saying ‘help, help quick he is killing her, he’s killing a woman’.

M (see below for M's story) was the first of the team to run over, he was directed upstairs, he heard sounds coming from a room, "there was blood everywhere, there was a man in the corner of the room, with a lady between his legs, they were both naked and he was just hitting her with a glass in

the face". M decided to get involved and jumped across the bed, restrained the assailant, before the rest of the JFH team came in and removed the victim and took her out of the hotel room and into the hallway, and covered her up. The others then helped M to restrain the perpetrator until the police came.

When asked to describe his involvement, M stated that *"It was such a weird feeling, once the adrenaline and the shock of it, I was just in a daze really ….. it was weird being on the witness side of it, but I wanted to help the police as much as he could. The situation was vile, it was disgusting"*. In reflecting on the aftermath of the incident M said that "*the police had said that to us, maybe ordinary joe public would have gone into that room and come out and waited for the police to come, then she would have been dead*". M said that everyone was saying how proud they were of him, "*its nice to have that because obviously I have never had that before*".

3. An unlikely hero (in-depth interview)

M reported that he had had a difficult background - he was originally from Manchester but moved to Blackpool with his family in 1996. After the move he started getting involved in drugs and binge drinking. A man then assaulted his girlfriend and because his retaliation was considered to be over the line of self-defence, he was sentenced to 2.5 years for GBH. When he got out of prison he got into a vicious circle of going out and drinking and doing different drugs, which went on for just over a year. This led him to a situation in a house where a man ended up getting viciously attacked "*I played a part in it but my co-def [Co-defendant] took it a step further and killed the man, he got done for murder and because I was a co-defendant I got done for manslaughter*". M explained that because of his previous two violence offences he was being sentenced to life imprisonment, of which he served 14 years.

M got out of prison three months before the incident, and that he was just trying to take everything in and that he had come back to Blackpool as his family had moved here. He then explained that his former partner was two months pregnant when he was sentenced and '*now I have come out, I have a 13 year old daughter*'. He stated that he saw his daughter for the first couple of years when he was in prison, but his ex-partner formed a new relationship and distanced herself from him and his family but got back in touch a few years later. M didn't see his daughter from the age of 2 to the age of 8 and that it was hard to build a relationship with his daughter on prison visits, however once he moved prison he had home visits.

Although the prison had set up a job for him it was working in a call centre and 'cold calling' people to sell to and M lasted less than one day in this job. He got out of prison on the Monday, started the job on the Wednesday but walked out of it by the afternoon, reporting " *I'm not built for a call centre, I've not got a phone voice*". He said that he was in a small room, trying to memorising a script and that people were putting the phone down on him. He "*told the gaffer [boss], who was sound with it*", and then he was unemployed. However, even the unemployment office had changed in the time he was in prison, and he reported that *"I had to sign on which was difficult, as when it was the job centre before he had a little cards'…… the job centre now just put you in touch with another agency. Everything is online, CV's and job searches so that was a struggle*".

A chance encounter with one of the founders of JFH saw him enrol as a volunteer with JFH and at the time of writing he is being trained as a plumber, reflecting that *"I don't know I just got it straightaway, I've enjoyed every day of it".* The fact that the rest of the team are in the same position really helped M to fit in as "*They have all got a past and history and so nobody is judging you, so that is a huge weight off*; *you don't get Joe Public asking 'what was prison like', so it takes that stress out of it".* This has allowed him, after 14 years out of the labour market, to take to it "*like a duck to water basically, because I've come out with a mentality that I want to work and I want to succeed, and I want to be a role model for my daughter, I want to give her a dad to be proud o*f".

But for M, work was central but not the only unique thing about JFH in that the cameraderie extended beyond the working day, "*that's what's good about this firm, it's not just about coming to work 8 to 4, we will do football on a Monday night, because i'm into my gym they have asked me to run a fitness class*".

Since the incident described in section 2, M describes that he has continued to focus on the work, and that *"it's given me confidence that i can do certain things, that was one of my worries, 14 years is a long time and to come back into a community, its shown me that I can do that. To be who I want to be"*.

4. Changed states: seeing ourselves as others see us (focus group)

In addition, a focus group was conducted (on the construction site where they were working) with the other seven members of the team who had witnessed or participated in stopping the hotel assault.

The focus group started by asking for a description of the incident, with one of the team members summarising the event as "*it was a normal Thursday morning, there were a lot of the team outside at ten to eight having a brew. The landlord of the hotel opposite came running out with blood on his shirt shouting 'he's killing her', 'he's gonna kill her'. Some of the lads ran over. M went into the room first, the guy and woman who were in there were covered in blood. The man had got her in a bear hug and was smashing a glass over her head. The men managed to get him off her. The woman was a real mess, she was unconscious. The men put her in the recovery position, she was completely naked and caked in blood. The room was caked in blood and the mattress was soaking. It took five of them to try and restrain the man (including Z who is a body builder) - they were putting cable ties on him that kept snapping. It was really hard work*".

When asked if the incident was a frightening experience, one of the participants reported that "*At the time I didn't think about it but afterwards it was. The severity of it was overwhelming*" and went

on to say that *"the Police have said that if they had not gone in at the time she would be dead"*. Another participant reported that *"Most of us have spent our adult life drinking and taking drugs, and have seen some sights, that was the worst I have ever seen"*.

The police interviewed them individually and told them they had to make statements, which went against the grain for the participants who reported that they had generally tried to avoid having anything to do with the police in the past. However, their own expectations about police responses were also challenged and one described the police involved by saying "*they were brilliant*". Another participant stated that *"they were respectful and that they thanked us for what we had done"*.

There was a recognition that not only had the event had a positive effect on how they were treated and perceived by the police but that it had also strengthened the bond within the group - one participant reported that "we all look out for each other" and there was visible pride in the group as they related how the victim's parents came down the next day and showed them photos, and thanked them. They felt that "*It just goes to show that we might have a criminal past but that doesn't make us bad people*" and that their identification with JFH was part of becoming an accepted member of the local community.

5. What is it that works about Jobs, Friends and Houses

The first section relates to participants' experiences of the project with one reporting that in the start you'*Go for work, a trade and a house, that's all of what I need. Once introduced I realised it's all about helping others'.* This is a consistent theme and two other participants in the evaluation interviews made similar comments - '*For my own personal reasons with regards to what they have on offer in the workplace for my trade. I love what they stand for and if I can help pass on my skills to others, the ethos of the company'*. Another participant felt that *'For me it's all about a path, a journey…..in giving we receive, the ethos and vision'.* This sense of belonging and engaging is

reflected in what a fourth person reported, '*I feel more confident, aware of where I want to go in life. What direction I want to go'.*

However, that sense of belonging and identity is also reflected in the views of outside stakeholders, one of whom summed this view up in the perception that *'It had the secret ingredients needed for success, that it meets all the resettlement pathways all in one'*. Another external stakeholder summed up the outside view of JFH as '*The tribal approach to how it's being built up, the infrastructure of appropriate skills. XX is building an infrastructure, almost cherry picking the right people for the right roles. He's surrounding himself with the right skills and roles, and that's right. So it's not down to one person. JFH and us have a tribal leadership approach'.*

Discussion

The process of desisting from offending and/or recovering is a challenging and precarious process which is generally assumed to require changes in social networks (Longabaugh et al, 2010; Best et al, 2008), changes in personal identity (Maruna, 2001), social identity (Best et al, in press) and the role of the peer group (Giordano et al, 2002) and the acceptance and participation of a range of community stakeholders in the 'redemption narrative' (Maruna, 2001). In the recovery literature, the resources that individuals have at their disposal for this journey has been labelled 'recovery capital' (Granfield and Cloud, 2001), with Best and Laudet (2010) developing this concept to consist of three components - personal, social and community capital. The possibility that recovery capital may have a negative as well as a positive side was explored by Cloud and Granfield (2008) and stigma and exclusion may well be key aspects of negative recovery capital that block sustained recovery from substance use problems and/or desistance from offending for individuals who have made the initial steps but whose progress is blocked by inability to find reasonable accommodation, employment and new social supports.

What the current paper has presented is a personal desistance and recovery journey that appears to follow the pattern of the age-crime curve described by Sampson and Laub (2003), in that the pathway to desistance is associated with stable roles in employment, family relationships and social supports. What our case study also shows is the importance of social networks reflecting the work of Giordano et al (2002), who argued that individuals do not desist alone, and that relationships play a significant role in the desistance process. Giordano and colleagues also highlighted that it is in peer groups where new identities are first tried out, as individual's tested their new roles on others. What the current paper introduces is the notion that the new identity is a fundamentally social identity, whose salience and prominence reinforces the bond to the group (Turner, Oakes, Haslam & McGarty, 1994), and adherence to the roles, norms and values of the group (Cruwys et al., 2014; Dingle, Brander, Ballantyne, & Baker, 2012; Haslam & Reicher, 2006; Jetten, Haslam & Haslam, 2012). In the case of JFH, that membership has both internal coherence and external status and value in the wider community, and the identity has a prominence and salience that is linked to the positive status and value of JFH in the local community.

JFH is a UK social enterprise approach to supporting recovery and desistance through a highly visible social identity of change. Jobs, Friends and Houses is a project that has created pathways to sustainable change for socially excluded groups with criminal and/or substance problem histories through employment, creation of a housing stock and engagement with the recovery community. However, it has done this in two ways that are unusual - firstly, by operating on strictly business principles (Best et al, in press) and by creating a high visibility social identity for recovery. Not only has the assault incident (and its reporting in local media) challenged the stigma associated with substance use (eg World Health Organisation, 2001), but the success of JFH as a local business challenged the assumption of the intractability ofsubstance misuse and involvement in crime, a key barrier to long-term change (Phillips and Shaw, 2013).

To conclude by returning to the discussion of community recovery capital, one of the possibilities of a high-profile and positively viewed organisation such as JFH is that its success and the public awareness of that success generates community recovery capital (Best, Bird and Hinton, 2015). As Wilton and DeVerteuil (2006) have shown in the context of a growing recovery community in San Pedro, California, the emergence of a highly visible recovery community, with celebrations of recovery achievement, can change community attitudes and perceptions. They termed the resulting community a 'therapeutic landscape of recovery' and our suggestion is that what this means is positive capital in the community in terms of the accessibility of resources and a resulting reduction in the exclusion and stigmatisation of those attempting their own journeys of desistance and recovery.

There are a number of limitations to the paper that need to be recognised. It is based on very limited and opportunistic data, largely self-report from one in-depth interview and one focus group. The key individual and the participants in the focus group were all men and this has a potential gender limitation. As Haseltine (2000) has argued, there are strong gender differences in onset and recovery factors with social forces more prominent for men and stress and affective disorders more relevant for women. For this reason, the strong social bonding and group commitment may be particularly important for male participants, and further research would be required to assess this question. Further, we have no data on the impact on community attitudes beyond a small group of stakeholders and this is something that will be addressed as this programme of work develops.

While the work is underway to assess community attitudes, the impact on community capital and stigma is speculative at this stage, and the long-term wellbeing of the participants unknown. JFH is unusual in that it is a social enterprise that provides training, employment and ultimately accommodation, but it does so in the context of a tightly woven social network and a strong social identity (Best et al, in press). As outlined above, JFH has a strong commitment both to the wellbeing of participants and to community involvement and for many of the participants, they are engaged in

activities with peers much of the time, building a strong social identity - described by one of the external stakeholders as 'tribal'. There is much work to be done to unpick the effective elements of the programme, and to assess its longer-term impact on participants and on the local community, but the model has shown considerable promise in challenging stigma and exclusion through an active and visible recovery model.

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