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Knowledge Applied



# Exploring communities of belonging around drink

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## Executive Summary

This research is one of four projects funded by Alcohol Change UK as part of the New Horizons programme, which seeks to achieve a greater understanding of *Groups, Communities and Alcohol Harm* (<https://alcoholchange.org.uk/research/our-funded-projects>). It is a joint project between Sheffield Hallam University, ARC Research, and Leeds, Hull, Doncaster, North Lincolnshire local authorities along with delivery organisations in Doncaster and Kirklees.

The research explores the complex role that communities play in alcohol harm and recovery by focussing on communities in each area that reflected national and locally identified need and knowledge gaps.

### Our Research Questions:

1. Does membership of a community of belonging impact on drinking behaviour and if so, how?
2. Is it possible to reduce drinking and maintain your links with your original community of belonging? What is the impact of marginalisation on the possibility of change?
3. Are some communities of belonging more flexible and more adaptable than others to changes in drinking behaviour? Or is a new community of belonging required?
4. How does being a member of a community of belonging impact on engagement with services? Can services usefully help communities adapt and develop to support new drinking behaviour?

We look at the notion of ‘a community of belonging’ around drinking further and draw out the stories of local communities in Yorkshire and the Humber. We specifically explore stories around belonging with members of marginalised groups where alcohol may play a part in the group identity, either as social glue or source of stigma. Our research focuses on ethnically diverse communities namely Polish and South Asian alongside LGBTQ+ communities across Yorkshire and the Humber in both rural and urban settings, communities chosen in conjunction with local partner agencies as identified priority areas.

### Data collection

In each of the areas we recruited and trained local community researchers from the communities involved, geographical and belonging. Data collection had three parts, an interview exploring a participant’s drinking career, a walk about or go along interview exploring the place of drinking and a contextual interview with participant identified friends, family or other community members known to the participant.

In total 23 interviews with participants were undertaken, as well as 14 walking interviews and 2 participant identified interviews.

### Interview analysis

Following transcription, the interviews were subject to Framework analysis by the research team. Framework Analysis is a systematic and flexible approach to analysing qualitative data which is particularly useful for multi-disciplinary research teams (Gale et al 2013).

The findings were shared with the Professional and Community Advisory groups, along with community researchers, at differing stages of the analysis to test validation and to inform the final data interpretation. The research process was subject to a COREQ check list (Tong et al 2007).

## Findings

- The identification of a community to which they belonged was common to all participants, and this could encompass multiple communities both between and within groupings and be a source of strength.
- Community identification is informed by transition points into and out of communities; from straight to gay, joining a student community or moving to a new country.
- This movement into and out of a community of belonging is shaped by an individual drinking career alongside new and past community norms.
- The transition points challenge community belonging and can be traumatic with associated dangerous drinking behaviour to manage or at times enjoy that transition.
- Community identification and belonging is not a static moment in time but rather a fluid and active process.

## Cycle of belonging and alcohol



To help understand the interaction of community belonging and alcohol the above model has been developed iteratively from the data. The model is a cycle which can be travelled both ways, with for example alcohol shaping the experience of belonging whilst at the same time belonging shaping the experience of alcohol.

## Implications for practice

Our research highlights something of a dilemma for alcohol services. Findings indicate that belonging to a community is often more important than the alcohol consumption that is required to belong. Belonging to the community can promote mental and physical wellbeing but may lead to dangerous drinking particularly at times of transition. This in turn can lead to physical and mental health problems which addiction studies indicate can best be addressed with success by moving away from social groupings where alcohol use is the norm (Best 2015). Yet social identity research indicates that people going through transitions do better if they maintain membership of pre-existing and new groups which are compatible with social identities. (Dunbar et al 2017).

Certainly, for the Polish and LGBTQ+ communities in our research moving away from the community of belonging to seek help with alcohol related problems was not an option, rather the aim was to consolidate and embed belonging. The individuals in our research were very loath to seek help from services with self or peer identified problem drinking behaviour. All the communities we talked to baulked at the idea of accessing services regarding them as not for them, either due to perceived or actual prejudice within the services, within the wider community or within themselves and with some reflecting poor previous experience of mental health services. Individuals would seek help from friends and members of the community.

- In the South Asian community people talked about seeking help from family and the mosque. The common cultural and religious background was most important in seeking this help albeit tempered by the ever-present fear of being adversely judged.
- For the LGBTQ+ community, support was sought from friends within the community, accepting that this might mean going to the pubs and clubs which were partly the source of their alcohol problem.
- For the Polish community participants thought friends would be supportive to someone reducing drinking but overall, the normality of drinking in the culture meant approaching outside services was almost unthinkable unless faced with a catastrophic life experience.

This leaves alcohol services with a 'wicked' problem of acknowledging the importance of social network support for long term recovery (Longabaugh et al 2010) alongside the potential adverse impact of drinking norms within that community and great reluctance by those community members to access support from outside the community.

In tackling this problem our research leads us to the view that alcohol strong services might target help more towards those communities and members who are supporting people with problematic drinking behaviour and less towards providing support to the individual with the problem. Community based interventions may be more effective than individual therapeutic interventions. Consequently, outcome measures, such as those used by Office for Health Improvement and Disparities (OHID), on increased or decreased numbers in therapy may not be the best way to measure success.

## Recommendations

In making recommendations to practitioners in an established field we need to be wary of the response that *we already know that we do it anyway*. Our recommendations acknowledge what is done and in no way wish to imply that the work we indicate is not taking place but suggest that doing a bit less of one and a bit more of another might be helpful.

- Services for communities of belonging around alcohol might refocus and target help more towards those communities and members who are supporting people with problematic drinking behaviour and less towards providing support to the individual with the problem.
- Supporting a friend or family member with alcohol problems is emotionally and physically draining and intellectually taxing. Services could provide increased knowledge and emotional support to facilitate and consolidate the care provided by community members.
- Community based interventions may be more effective than individual therapeutic interventions.
- Outcome measures, such as those used by Office for Health Improvement and Disparities (OHID), on increased or decreased numbers in therapy may not be the best way to measure success. Other measures may be more useful. These may look at interventions delivered in communities, and community level engagement.
- Transition points are important in promoting drinking amongst all communities. These transition points offer clear opportunities to present counter routes to belonging. British drinking behaviours of socialising in pubs, clubs and bars impacts on those in more marginalised groups when they seek to belong. Transition points into and out of this mainstream drinking culture are key points where support might impact.

For example:

- Bonding opportunities for students that are not alcohol dependent.
- Safe social spaces for LGBTQ+ people that are not alcohol dependent.
- Routes into British social and cultural spaces for immigrant groups that are not alcohol dependent.

Despite providing the above examples, in identifying what community-based interventions may look like we need to be wary of external 'expert' opinion, but rather further research needs to be done with communities in specific localities alongside service providers to identify and shape interventions that would best meet community need.

## Conclusions

In this report we have shown how belonging impacts on drinking behaviour for each of the groups in the study. This interplay between being a member of a community and drinking suggests that being a member of a community of belonging does impact on drinking behaviour. That whilst it is possible to reduce drinking and maintain links with your original community of belonging for some groups this is made difficult by the embeddedness of drinking within those groups.

This mobility in terms of belonging suggests that belonging can be flexible when necessary. Whether this flexibility is open to all is not known, amount drunk, behaviour and family response may all be relevant here. For all our communities, transition points were important with the formation of new communities of belonging often being helped by drinking. There are clear opportunities here to create new routes to belonging at those transition points for all the communities. This would change the role of services to a model that supported communities rather than individuals. A model that recognised the reluctance individuals have to engage with services and instead encourages the community to capitalise on the feelings of belonging that are present and nurture them.

## Introduction

This research is one of four projects funded by Alcohol Change UK as part of the New Horizons programme, which seeks to achieve a greater understanding of *Groups, Communities and Alcohol Harm* (<https://alcoholchange.org.uk/research/our-funded-projects>). It is a joint project between Sheffield Hallam University, ARC Research, and Leeds, Hull, Doncaster, North Lincolnshire local authorities along with delivery organisations in Doncaster and Kirklees.

The research explores the complex role that communities play in alcohol harm and recovery by focussing on communities in each area that reflected national and locally identified need and knowledge gaps.

It brings together a multi-disciplinary team of practitioners and academics with backgrounds in social work, social policy research, alcohol services and public health around a common concern; how a community of belonging effects drinking in vulnerable groups.

Our Research Questions:

1. Does membership of a community of belonging impact on drinking behaviour and if so, how?
2. Is it possible to reduce drinking and maintain your links with your original community of belonging? - What is the impact of marginalisation on the possibility of change?
3. Are some communities of belonging more flexible and more adaptable than others to changes in drinking behaviour? Or is a new community of belonging required?
4. How does being a member of a community of belonging impact on engagement with services? Can services usefully help communities adapt and develop to support new drinking behaviour?

What do we mean by community of belonging?

A sense of belonging is recognized as an important part of psychological and physical wellbeing. Recent research from the Office of National Statistics (2020) suggests that people are feeling less connected to the community in which they live, whilst other communities of belonging persist. These communities may be based on a variety of other similarities such as age, belief, gender etc. In our previous research (Nelson and Tabberer 2017, Taberrerr and Nelson 2019) we talked about the community of drinkers to which young people who are not in education, employment or training might belong. Communities have been identified as important in looking at what works in terms of alcohol harm reduction where moves away from alcohol addiction are associated with moves away from communities associated with drinking and into new communities of recovery (Dingle 2015).

What did we want to find out?

In this research we look at the notion of 'a community of belonging' around drinking further and draw out the stories of local communities in Yorkshire and the Humber. We specifically explore stories around belonging with members of marginalised groups where alcohol may play a part in the group identity, either as social glue or source of stigma. We are interested in how belonging may contribute to more, or less drinking in these communities, and the possibilities for behaviour change within a community of belonging.

Our research focuses on ethnically diverse communities namely Polish and South Asian alongside LGBTQ+ communities across Yorkshire and the Humber in both rural and urban settings, communities

chosen in conjunction with local partner agencies as identified priority areas. Harmful alcohol use is known to be higher in LGBTQ+ people than heterosexual people in the UK, a result similar to that in other countries (Mead et al 2023). Data collection in the UK for government and local alcohol services does not record migrant status or country of origin and estimates of problematic drinking in the Polish community in the UK are difficult to obtain. However, street drinking is an acknowledged problem in local health needs assessments across the UK (Gleeson et al 2022, Herring 2019). Alcohol use in the South Asian population in the UK has been described as under recognized with alcohol related harm being disproportionately high (BMJ 2009).

These groups - LGBTQ+, South Asian, and Eastern European are generally missing from mainstream services and specialist alcohol services with very little known about their needs. We acknowledge the difference and conflict present in each group, based on class, culture, ethnicity, gender, and life experience and the wide range of ensuing experience, but what interested us in this research is commonality of experience regarding drinking behavior. By offering a comparative study across three groups we identify the common and different group norms that support drinking in the different communities. To see how changes in drinking are dealt with, supported, or rejected by the group and what that means for the individual's identity and belonging. Is it possible, for example to change drinking behaviour and still be member of the LGBTQ+ or ethnically diverse community with which you identify when drinking forms, a significant part of that identity?

## Literature Review

Belonging is an interdisciplinary subject which appears in the literature of Geography, Sociology and Psychology as well as references in Cultural Studies. Often referred to as that which makes us human (Miller 2003) and which allows us as humans, to find our place in relation to others (Weeks 2001), belonging can work to create feelings of familiarity (Fortier 2000) with others, and with ourselves (Leach 2002). It has links to both internal understandings of self; and those of ourselves in place (May 2013; Bennett 2014).

Research on belonging has found allegiance in the works of Bourdieu (1984;1990) and habitus - socialised norms and tendencies that guide behaviour. Belonging being a result of the social games that individuals play, the game, which whilst unconscious, is also defined by the appropriate habitus to be both sensible and logical. Adding alcohol to this game can help cement these relationships and foster acceptance (Scott et al 2017). With for example Fortier (2000) describing belonging as existing in spaces where things feel familiar and where people know how to behave by stepping into them. These can be places of rote or places where we might feel outside of the norm but which have their own ways of belonging. For the Italian immigrants in her study these places could be churches.

For Oldenburg and Brissett (1983) these might be 'third spaces' such as bars where unlike first (home) or second (work) spaces, people can come together on neutral ground. This link to familiarity and by association to memory and the past has been discussed by May (2017) who argues that memory is used to create a sense of belonging that leads to a continuous sense of self.

The discussion of hidden habitus with alcohol identified, in work by Scott et al (2017), as part of the games that people play in these spaces to 'fit in', seem to denote acceptance and belonging. Literature on migrant experiences links 'fitting in' with wider considerations of performing belonging whereby migrants enmesh new and old community practices (Becerra 2014) to create a sense of belonging (Powell 2012).



Belonging can be contested for particular groups. For example, immigrants may have contested experiences of belonging (Ifekwunigwe, 1999). Research with second-generation Bangladeshi Muslims living in Britain found that there were complex and competing national, regional, and religious belongings. (Eade, 1994). Whilst research with LGBTQ+ communities has shown the importance of safe spaces such as bars (Hunt et al 2019) for young people to express different sides of themselves that are both transgressive and normative.

*In such spaces, masculine performances associated with drinking become appropriated but modified, which suggests that masculine performances around drinking still have currency within queer spaces. (Hunt et al 2019 p391).*

Thereby highlighting the importance of identity (Emslie 2017) in generating a community of belonging for LGBTQ+ individuals.

May (2011) in her work on belonging in different communities focuses on the intersubjectivity of belonging noting:

*belonging is an intersubjective experience that necessarily involves other people. We make claims for belonging which others either reject or accept, and therefore, mere familiarity with a place, a group of people or a culture is not enough for us to gain a sense of belonging... Consequently, few of us feel a sense of belonging merely to one group, culture or place but rather experience multiple senses of belonging. (May 2011 p370)*

This suggests that we may simultaneously belong to some groups and not to others (Elias 2001, Simmel 1971) and that this tension, and this journey may be productive (Casey 1993). It also suggests that work may need to be done to achieve belonging. Within the context of alcohol and belonging this work may involve engaging with and developing aspects of the social ecology (Chatterton and Hollands 2003), for example embracing drunkenness (Seaman and Ikegwuon 2010) as a way to bond, develop openness and break down barriers.

The three communities focussed on for this piece of research are the Polish community, the LGBTQ+ community and the South Asian community. There are varying degrees of literature on the role of belonging in these communities and the association with alcohol.

### Alcohol and Belonging in the Polish community.

There is little research on the role of belonging in the Polish migrant community in the UK. Where there is research on this community this tends to focus on the impact of Brexit (Benedi 2021) or on migration more generally (Engbersen 2011; Collett 2013). Ryan (2021) notes that where there is research this is often through a spatial lens which attaches belonging to place through the concept of embeddedness with different 'place effects' (Robinson 2010) presenting different opportunity structures with different degrees of embeddedness across social and relational settings. This cites belonging within the structural inequalities where embeddedness might occur.

This structural outer layer of belonging situated within its surrounds (Vaisey 2007) can be contrasted with the inner belonging captured in the concept of the Homo Sovieticus. In their discussion of Polish homeless men in London Drinkwater and Garapich described the basis and continued negotiation of an anti-institutionalised identity leading to a 'us' and 'them' mentality. They noted the role of alcohol in this as a social bonding mechanism.

*the dominant pattern of drinking is social and communal, where typically a group of three to ten people meet in a park, in a back alley, or a parking lot, and consume. (Drinkwater and Garapich 2013)*

They go on to associate this drinking, within the Polish, homeless men studied, with notions of manhood within the informal realm (or third spaces), where belonging may be found, as opposed to the formal realm of services etc.

Looking at another migrant community, Fortier concluded that migrants go through a process of deterritorialization and reterritorialization, this latter aided by the creation of habitual spaces where migrants can draw on the past and nostalgia to re-establish group identities (Ganga 2005; Fortier 2000; Zontini 2015)

### Alcohol and Belonging in LGBTQ+ communities.

Work by Eleanor Formby (2017) on community among LGBT communities identifies the foundations of community as place/space, shared identity, and politics. Reflecting the work of Scott (2017) on young people as active participants in drinking spaces, Hunt et al (2019) describe queer people as active agents in these places, developing a relational in which 'space is not discovered but rather *'socially constructed or produced in the play of events, flows and encounters between individuals, objects and spaces'*. This formatting of spaces is important to the LGBTQ+ community where the number of drinking spaces has expanded in recent years to play an important role in connecting community members (Buckland 2002; Rief 2011; Trocki, Drabble and Midanik 2005); and providing a space where individuals can step away from heteronormative ways of being.

*An expectation of this potentially decreased agency during intoxication positions alcohol as a discursive excuse for such norm violations, thereby reinforcing the spaces of intoxication as uninhibited, liberating, and potentially transgressive (Hunt et al 2018 p389)*

This moving away from norm can lead to a 'deep diversity' (Stychin 1997) where there are many different belongings with flexibility and openness highlighting 'families of choice' as important to individual and collective identities (Weeks et al 2001) with strong feelings of 'connection' with other LGBT people. More recently the importance of these spaces as commercial organisations has been recognised with Chatterton and Hollands (2003) describing young people as making their own night life but not under conditions of their own making.

### Alcohol and belonging in the South Asian community.

Drinking research within the South Asian community tends to look at the impact of Islam and its prohibition of drinking on individuals' behaviour. For example, Johnson and Purser's (2002) research with second generation black and Asian communities noted that although most of the South Asian men did not drink, there was a minority that drank heavily with wider consequences for the family.

Bradby's 2007 work on Muslim women suggests that concerns about reputation may mean that women's behaviour is more contained and subject to stricter control than men. This may become problematic in terms of belonging when Muslim young women engage with cultures in which drinking is part of the national identity. Baendt (2023) in her study of young Muslim women in Denmark found that when alcohol became part of a national identity not drinking led to young

Muslim women being questioned about their identity and continuously negotiating their co-existing cultures.

*The young women we talked to reflected enormously on their own position in society, their feelings of belonging and the ways in which they could possibly participate in the youth culture of alcohol without compromising themselves and their values. (Baerndt and Frank 2023)*

This 'fragmented identity' (Dhillon 2015) can lead to mental health problems (Simich et al 2009). It may also make it difficult to access services which do reflect the divergent relationship to belonging that may be a byproduct of drinking. Hayward and Krause (2014) describe how moderate drinkers who are part of alcohol proscribing groups have a higher mortality rate than non-drinkers, with possible group differences such as fewer close friends, more isolated, more negative social interactions.

For those members of the South Asian community who do drink, accessing help can be difficult as noted by Bashir et al 2019 in their report on Culture, Connection and Belonging, barriers can spring from shame, notions of family honour, lack of knowledge of services and a reliance on the mosque for support.

*With the BME community, there isn't any [support], so you can either go to your doctors, you can go to [a voluntary sector organisation supporting people with substance misuse issues], where you are going to get brushed off, you can go to your local community and you are going to be tarnished, shunned, your family is going to be ashamed, people are going to think you are all druggies, you yourself are bringing down your full family. So could have gone to the mosque to the imam and said I am on drugs even he would have brushed me off... I didn't think there was anything available for anybody in the BME community cos it's very frowned upon, nobody knows, if you're an addict it's going to be hidden. (Bashir et al. 2019)*

Understanding the complex differences between communities and their different journeys through belonging needs a more participatory methodology, which will be discussed in the next section.

## Methods

The research took a social constructivist world view with an emphasis on the way individuals and groups socially construct and make meaning of their experience and which is best discovered through an exploration of language and place. Triangulation took place through finding and documenting different group and individual perspectives with a consequent emphasis on qualitative interviews to elicit individual and group narrative and stories. Transferability of findings comes from the research sample, with a spread across the Yorkshire and Humber region to provide a demographic which includes large cities, urban sprawl along with market towns and more rural areas. Principles of grounded theory informed the creation of explanatory models.

The research design is influenced by case study research where the intention is not to produce generalizable outcomes to all populations but to understand the specific, the collective and the local.

In addition, this research draws upon principles of participatory approaches, allowing participants to have a greater degree of control over their story and how it is told.

Examples of our work using participatory approaches and case studies both as a means of analysis but also as a vehicle for reporting, dissemination and informing practice can be found in our work with young people not in education employment or training and alcohol behaviour (Nelson and Taberner 2017, Taberner and Nelson 2019). Also, our research in the rather different fields of decision making of families in cold homes (Tod, et al 2016) and professional practice regarding child protection and obesity (Nelson et al 2021) indicate the value of an approach which focusses on specificity and locality.

## Research process

### **Ethical approval**

Ethical approval was obtained from Sheffield Hallam University, UREC ID: ER37180192 and relevant research governance obtained from each participating local authority and service provider.

The project was adopted by NIHR Clinical Research Network (CRN) Study Support Yorks and Humber CPMS: 51157

### **Advisory Groups**

An advisory group of community members was set up consisting of experts by experience from the communities involved. These were identified with the involvement of local Public Health staff and informed and guided key elements of the work at the outset and throughout the research process. These people were also involved in the dissemination of findings.

A further advisory group of professionals from practice and policy development was set up to guide and sense check the project as it developed, to ensure relevance for practitioner identified knowledge gaps, help shape recommendations and facilitate dissemination.

We wanted to create a space in which people can challenge our ways of working and bring their insight. The research team were clear that expert knowledge resided in all members of the groups and took an approach that aimed to facilitate expression and incorporate practice wisdom into all aspects of the project. In too many advisory groups there is either an excess of professional voice or a focus on lived experience that overpowers other stories. To expand the learning across the groups as the project progressed members of the lived experience group also attended the professional's group to share their experience and to ensure that lived experience was considered in all contexts.

### **Sampling**

The research was located in Yorkshire and the Humber and included the collaboration of local authorities along with the support of alcohol service delivery organisations. Buy in was secured from each of these organisations to support and facilitate the work prior to bid submission. The areas were selected to provide a range of contexts.

In each of the areas we focused on one or two communities to match locally identified need and knowledge gaps:

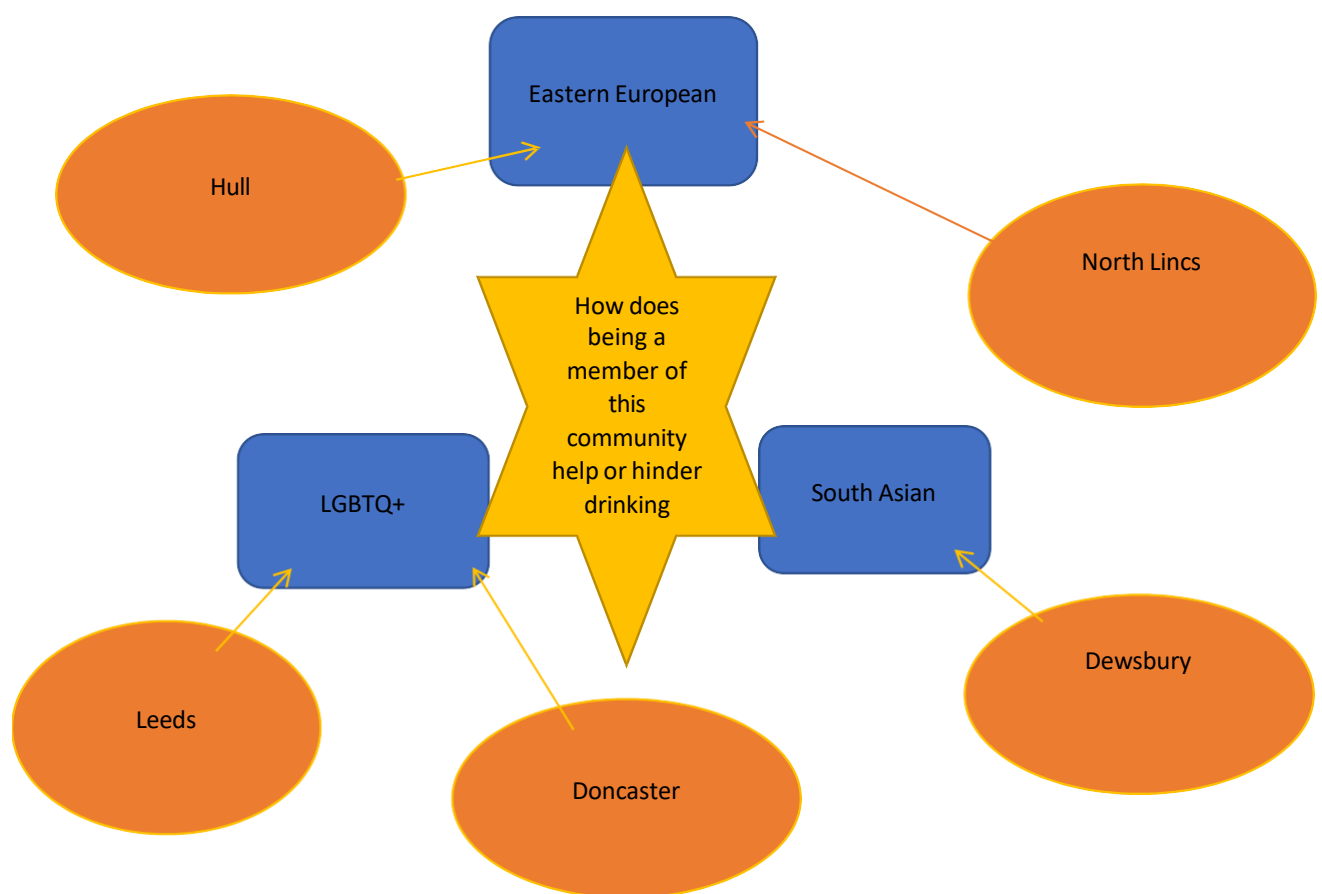
Leeds: LGBT+

Doncaster: LGBT+

Kirklees: South Asian community

North Lincolnshire: Eastern European

Hull: Eastern European



Participants were recruited primarily by the community researchers but also including community members of the advisory group and the NIHR Clinical Research Network (CRN). Prior to interviews taking place a brief potential interviewee form setting out basic demographic information and identifying community membership and relationship with alcohol was submitted to the research leads to ensure a spread in the sample and to counter potential bias in selection.

## **Data collection**

In each of the areas we recruited and trained local community researchers from the communities involved, geographical and belonging, to undertake qualitative work with the communities. The community researchers were employed by Sheffield Hallam University. Training involved face-to-face and virtual sessions and was informed by a training manual. (See appendix 2) The intention was not only to cover fundamentals of ethical research practice, including the use of a participant information sheet and consent form, but also to develop expertise in, and have the opportunity to, shape the specific data collection methods used by the project.

Data collection had three parts, an interview exploring a participant's drinking career, a walk about or go along interview exploring the place of drinking and a contextual interview with participant identified friends, family or other community members known to the participant. Our objectives were to build up:

- A comprehensive picture of the individual
- Identify where their community lies and the impact of alcohol, from social glue to source of stigma and any areas of conflict.
- Identify the common and different group norms that support drinking in the different communities, to see how changes in drinking are dealt with, supported, or rejected by the group.
- Identify what group norms mean for the individual's identity and belonging.

## **Interview**

The interview conversation's primary aim was for participants to be offered the opportunity to tell their story. Consequently, the interview was not structured around pre formulated questions but rather around a simple graph (see appendix 3) on which participants were asked to plot their drinking career. The graph then acted as the focus of the interview as interviewer and participant explored the peaks and troughs of the drinking behaviour illustrated on the graph. This use of a graph is a technique used in clinical practice but which we developed in previous studies as an effective research tool. (Nelson and Tabberer 2017, Taberrerr and Nelson 2019)

## **Go along journey.**

Alongside the interviews community researchers accompanied the participants on 'go-along' journeys, with the researcher accompanying participants on walks around their community as participants highlight places they view as important to their sense of belonging, which areas they associate with drinking, and where the two may crossover. From this we were able to develop a place line of where people have engaged with alcohol and the people that they have engaged with concurrently. The interviewee directed the walk, and the researcher explored the connection between place, drinking behaviour and community. The walk was carefully risk assessed and only undertaken when safe for all. If actual walks were not possible then virtual walks using google maps or similar took place, allowing a broader geographical spread. Subsequently members of the research team visited the places to gain a deeper insight into place and associated data.

## Secondary interviews

For each individual participant we also aimed to interview participant identified members of their community to further explore the nature of belonging to a community and the place of alcohol within that community. This proved the most challenging aspect of the data collection plan to achieve and only two secondary interviews were achieved with the Polish community in Hull.

Interviews were recorded and transcribed. The interviews took place in a confidential place and one which was 'safe' for the participants. The interviews varied in length up to an hour or more. Transcriptions and recordings were anonymized, transcripts put into word format, and both stored on password protected computers accessible only to the research team. No other interview records were created.

## Final data set

As the project developed there were inevitable challenges and obstacles to overcome. Three of the community researchers had to leave the project for personal reasons meaning our original aim of having two researchers in each geographical and community of interest could not always be met and a small number of interviews in one area were completed by one of the project team. It also meant that we did not have a complete, uniform, and consistent data set across each geographical and community of belonging. However, taken as a whole, the data collection methods were successful in providing rich data to meet our objectives.

Kirklees specifically Dewsbury (South Asian) – 3 graph interviews, 2 walking interviews. (D)

Doncaster (LGBTQ+) - 4 graph interviews, 4 walking interviews. (B)

Leeds – (LGBTQ+) 6 graph interviews, 1 walking interview. (L)

Hull – (Eastern European) 5 graph interviews, 5 walking interviews. 2 secondary interviews. (H)

North Lincs (Eastern European) - 5 graph interviews, 2 walking interviews. (S)

In total 23 interviews with participants were undertaken, as well as 14 walking interviews, and 2 participant identified secondary about interviews.

Letters in brackets above refer to the interviewee identifier in the following table.

## Interviewee demographics

Interviewee identifier	Gender	Age	Community
H1	Female	40-55	Polish
H2	Male	40-55	Polish
H3	Male	40-55	Polish
H4	Female	35-40	Polish
H5	Female	35-40	Polish
S1	Male	40-55	Polish
S2	Male	55-65	Polish
S3	Male	35-40	Polish
S4	Male	35-40	Polish
S5	Male	35-35	Polish
D1	Male	18-25	South Asian
D2	Male	35-40	South Asian
D3	Female	18-25	South Asian
L1	Male	18-25	LGBTQ+
L2	Trans/non-binary	18-25	LGBTQ+
L3	Trans	18-25	LGBTQ+
L4	Female	55-65	LGBTQ+
L5	Female	40-55	LGBTQ+
L6	Female	18-25	LGBTQ+
B1	Trans	55-65	LGBTQ+
B2	Trans	40-55	LGBTQ+
B3	Male	65+	LGBTQ+
B4	Male	25-35	LGBTQ+



## Interview analysis

Following transcription, the interviews were subject to Framework analysis by the research team. Framework Analysis is a systematic and flexible approach to analysing qualitative data which is particularly useful for multi-disciplinary research teams. (Gale et al 2013). Following transcription, the interviews were read by all members of the team and an initial thematic framework created from the data by each member. The team then met together and created an agreed framework for each community and geographical area. One member of the team then took responsibility for a specific community and the interviews re read in the light of the framework and a revised framework of categories and codes created. Alongside data from the graphs and accounts relating to drinking careers were analysed and analytic frameworks created relating to each community.

The team again met jointly on numerous occasions and agreed a framework of categories and themes both for each community and comparatively across communities with some categories being collapsed and others given more priority. We were conscious of the dangers of researcher bias given several members of the team brought previous practice experience to the project with the associated potential for influencing thematic priority. Collective discussion and the development of category frameworks were ways to guard against.

One member of the team then undertook further comparative analysis and created a theoretical model of belonging and drinking behaviour based on the framework analysis, which was subject to critique and shaping by the whole team. This process was influenced by the principles of grounded theory where, following the identification of themes of description, the attention focused on themes of analysis where axial coding identifies connections between categories, such that selective coding can then allow the core category to be identified and described. (Glaser and Strauss 1965, Charmaz 2014) Team members revisited the data sets for specific areas and communities in the light of the theoretical model of belonging and interrogated the data, both to test the model, and to create theoretical models for each community based on the specificity of, and derived from, data for that community.

The findings were shared with the Professional and Community Advisory groups, along with community researchers, at differing stages of the analysis to test validation and to inform the final data interpretation.

The research process was subject to a COREQ check list (Tong et al 2007).

## Findings

The findings are presented under headings which reflect the key categories identified in the framework analysis. Audio recordings of verbatim interview extracts spoken by community researchers are provided in appendix 5.

### Polish community

Research was carried out with two Polish communities in Scunthorpe and Hull. Interviews in Scunthorpe were with street drinking and service using communities, those in Hull were with bar visiting and home drinkers. Drinking careers were collected using a graph method plotting drinking over a lifetime.

#### Community identification

Accounts of drinking during their early years in Poland and the links between drinking and Polish identity were similar across the two communities.

*I think Polish people drink too much because this is like culture. Any family party, family birthday or wedding this is normal. Alcohol is very important at a party. This is normal, this is Polish culture, alcohol. (H2)*

*Well in Poland alcohol plays quite an important role. It is a natural relaxer I would say, and every weekend our barbecue includes alcohol. (S1)*

Even where people no longer drank or drank little now, there was still an understanding that drinking and being Polish were closely connected.

*How important it is. I think well this is like part of our life really, yes. It gives you, drinking like make you feel relaxed and just like feel, you know, just have a good time with others, you know, so yeah. (H4)*

#### Reason for drinking

Drinking with others was identified as part of Polish life, natural, and 'a comfort'. This particularly linked to the idea of Polish people as being shy and drinking to overcome this aspect of the Polish psyche, as a way to make friends and to achieve a sense of belonging.

*I had a problem with contact with girls because I was shy, so I was killing this problem be this alcohol. Killing these emotions to honest. When I was 18 or 19 years old, I forgot to tell that I started to be with a different community. It was also with my friends from the place where I live, but it was more hooligan guys. We started to go to football matches and they drank more, and there were some narcotics also. And I started to be part of this society of this community. Partly because I felt safe there with them because I knew then nobody can do anything to me. (S3)*

Drinking, whilst done alongside other activities, was also described as an activity in itself, a way of becoming uninhibited and having fun.

Moreover, drinking together was a way to offer mutual support to help with the loneliness, and in one instance to deal with extreme trauma of losing a son.

*We support each other by drinking. (S1)*

Whilst drinking as a way to deal with the stress and/or boredom of work was also a factor.

*Well, that was more related to my stress, work related stress. I started my job in school, and it was very hectic. I felt under stress all the time, so I started drinking more regularly. Initially it was maybe just during the weekends, but the more stressed I was I needed to comfort myself by just a glass of wine in the evening. Then I noticed I have started drinking maybe two glasses in the evening, then gradually I have noticed I can drink the bottle to myself. (H1)*

### **Place and drinking**

Descriptions in the graph interviews showed a variety of locations where early drinking took place such as drinking at BBQs and family celebrations; followed by teenage drinking outside, at discos and parties, with family and friends; and drinking at work identified as a rite of passage to adulthood. This embeddedness of drinking into Polish life leads to a strong identification between drinking and being a member of the Polish community and a romanticisation of this connection.

*I always liked those nights when we can go to our, in our city on the kind of local castle, when it was only occupied by youngsters or teenagers, and we can go in there, the centre part of it, sit down on the bench, nobody bothered you, and it was kind of romantic night in terms of the architecture and this kind of quietness. (H3)*

When individuals then migrate to the UK this association is played out again in the new circumstances in which people find themselves with drinking outside and weekly barbecues becoming part of the routine in the UK. For those with self-identified problem drinking this can translate to drinking in parks and on the street in places outwardly Polish, with the walking interviews identifying places such as behind the Catholic church or Boozemaster in Scunthorpe.

Within the more middle class Polish community of Hull wine bars, clubs and Polish restaurants in the local area become more popular as both places to drink, and places to meet other members of the community.

*We would go probably from Queen's to one of the other pubs which we often drink together in. But that would be around probably evening drinking after school, after sorting kids out and leaving the car in a safe place. So, it would be probably Larkin's where we would book the table and sit and drink. (H1 Walking interview)*

All these locations being within easy walking distance of the Polish community.

## Drinking behaviour

The community identification with drinking can lead to alcohol serving as a form of social glue binding the immigrant Polish community members, allowing them to fit in, and helping with loneliness.

*it was those people which I didn't know exactly well, and even drinking with them wasn't my favourite part of it, but because we lived together, we tried to keep them happy in a way. (H3)*

*Killing the feeling of loneliness and not belonging to the English community as well. (H11)*

It is worth noting here that the Polish word for friends suggests a close relationship with 2 or 3 people rather than a larger social group, moving to the UK often led to the need to reform these friendships.

This time of transition was talked about in the interviews as a period where alcohol helped to bring people together as part of the community of belonging associated with being Polish. At this time drinking was not so much something that you did with friends but more something to be done to fit in or deal with the emotions attached to being an outsider. Often these relationships were talked about as being short term and a step to becoming more embedded in the Polish community in the UK. Transition is a cross cutting theme that we return to in the discussion section.

For some the move to weekly pay in the UK and increased access to money also contributed to an increase in drinking.

*So, when I came to UK, to England, the wages was every week, so I was not thinking from month to month. So, when I got the wages, salary once a month, I had to pay rent and other things, and then a little bit of the rest of the money I could spend potentially for alcohol. And then another month I had money. And I came to the UK and I can every week. So, I started drinking, well it was more comfortable for me to drink. (S1)*

As the respondents became more settled in the UK, with jobs and families, these initial, important communities were often left behind and replaced with communities that whilst still Polish were based around family, work, hobbies, or activities such as music, football, board games or TV, and chosen friends.

*I think (alcohol's) quite a big part of it, because of the time we meet each other in the evenings. From the ones I had it's quite a big part of it, but from the other side it's not because when we meet each other with the children we don't drink at all and we don't need that at that time. But from the other side we have fun when we drink with each other as well. (About interview H3)*

For some these chosen friends may be outside the Polish community.

*(My neighbour) is English. And she's well educated so I don't feel ashamed if we drink together. And it's not like heavy drinking, we just drink a couple of drinks and it's fine. (H1)*

And the boundaries around alcohol may be less understood and riskier.

*I must admit that drinking with my English colleagues is very risky, because they mix everything, and it ends for me catastrophic because I'm maybe not as strong a drinker as my colleagues. (H1)*

For others patterns of drinking established in Poland may flourish in the UK with different types of alcohol and more money available. Whilst vodka (sometimes homemade) was drunk in Poland in the UK preferences changed to a wide variety of drinks including cider, wine, beer, gin, rum, whiskey, and cocktails, with vodka viewed as less desirable.

*When I was 20, when I was starting my adventure I would say with alcohol, that was party every week. The last few years it was friends' house or my own house or somewhere maybe in park. But it was go to shop, buy vodka, drink vodka, and go to sleep, or vodka and go for more vodka from shop. (S3)*

Work and family, particularly for women interviewed in Hull, were seen as brakes on drinking.

*And now like after those two years, well, I came back to drinking wine. But it's not the same level as I used to be. Because obviously I've got a child now so I can't get drunk and just do whatever I want. So, I would say compared to how I used to drink, it's halved compared to how I used to drink. (H4)*

Although drinking could still be seen as a desirable part of socialising, occurring on a regular, weekly, at times nightly basis. One respondent described how he has increased his drinking as he got older and was currently drinking 15/16 cans a week, mostly outside in the hot weather.

*At some time, I thought, life is too short to sacrifice too many things. (H3)*

And others talking of drinking less often but still seeing drinking as a valuable way of spending an evening with friends or work colleagues.

### **Access to services**

This narrative of drinking as unproblematic could be seen as a continuation of the idea that drinking is normal. This presents a potential problem in relation to access to services where people would only access help if these became well beyond the norm.

*Because it had never been taught in my family, in any communities, it was more like joke or person who's alcoholic in my imagination was person who lost everything and was homeless and had nothing to do. (S3)*

*I will probably fall down in the floor and just, I don't know lost in all my kind of, I don't know my life, let's say marriage life is a big drop or something drastically happen, but I still think it would be impossible, because I don't see myself, I don't even consider, I don't say, as I said before, I don't think I'm better than other, but by seeing people begging on the street, I know it's not me. (H3)*

For most the characteristics of being an alcoholic or in need of services was way beyond their current drinking.

*That's fine because this is adult people. Because we all have family, we don't drink too much. Sometimes, but if one guy said sorry guys, I've stopped drinking*

*because I go to work tomorrow or I must go back home because of something, it's not a problem. (H2)*

*Then like now we're going somewhere with kids to some parks and see some beautiful places, there nobody is drinking during the day. If you want to meet each other like on the evening time having some drinks, then we can still drinks, then no one of them people like felt uncomfortable without the drink. (H5)*

It was only when drinking has reached levels of catastrophic consequences that people would look for support from service providers. For those in Hull, and most of the group in Scunthorpe this level of impact was beyond their current experience, both personally and within their new communities of Polish people in the UK.

When people did identify themselves as alcoholic this realisation was shared by those around them who recognised the pattern and consequences of the drinking.

*Yes, one time he want to be a good father and good husband, but when he was drinking, he forget. He's always been good between Monday to Thursday, then when Friday comes, he forgot about what he promised on Monday. So, they start drinking again, so there was drinking Friday, Saturday, and Sunday, and come back again to the drug. (About S1)*

This idea of self-reliance, self-control and to some degree self-delusion has been widely written about in the literature of alcohol and the Polish community. Characterised as a Homo Sovieticus the literature describes a society in which individuals are suspicious of state institutions because of the promises made and broken in the post communism era. For the people we spoke to this translated to a narrative of self-reliance and self-control in which alcohol was normal except in extreme circumstances.

*I would say getting independent and maybe still living this communist system, that was the only way to have entertainment and looking for some kind of, I don't know, well entertainment let's say. So, the alcohol was the main thing, because there was nothing more, nothing better and probably one of the most affordable, I don't know, spirits really which makes people happy. (H3)*

## [LBGTQ+ community](#)

Research was carried out with two LBGTQ+ communities in Doncaster and Leeds. Two very different communities with Doncaster a small city centre social hub with rural and ex pit villages in the surrounding area and having high levels of social deprivation. Leeds, an urban and wealthy city with a high university and post university population has a large night time economy with a well-developed LBGTQ+ Freedom Quarter of clubs and bars.

## **Community identification**

The experience of coming out and identifying as an LBGTQ+ community member was described very differently for the two communities.

*Nobody was out in the open about things like that back then either, so kept myself to myself growing up in a pit village. (L2)*

In Doncaster and surrounding areas drinking was part of engrained behaviour patterns of regular drinking in local pubs and working mens clubs but it was only with occasional and then more frequent visits to clubs in Leeds that LGBTQ+ community belonging is identified.

*I think it's just like I feel part of something when I'm at Wharf, I feel part of a community (L3)*

In Leeds community belonging is identified as being part of and fully participating in a vibrant club and pub scene. Some respondents were clear that they identified as belonging to multiple communities although the experience of belonging for each seemed inextricably linked to alcohol and clubbing.

*I did identify as a gay male and as a form of escapism I used to go clubbing a lot, every night actually in fact. I'm also part of the asylum community because I am an asylum seeker ... and initially it was really tough on me having to leave and I couldn't really cope with it well, so I started going out a lot. (L6)*

The experience of community identification has changed over time as an older participant described the challenges of previous community belonging, one still linked to the use of alcohol but for different reasons.

*We had the police against us, we had the authorities against us and everything. We had to fight. It's just things like that, expiring, living on your own, trying to cope, just being depressed, and alcohol, like I said, turning to it. (L5)*

### **Reason for drinking**

As the above examples of community identification indicate there is no one reason for drinking behaviour in the present and no one reason for drinking behaviour to be established over time. Having said that one reason was presented more than others. The most common reason for current behaviour was having fun with fellow community members and escapism from the discrimination and pressures of the external world.

*I can't really see it being anything other than people just want to drink and have fun and just forget issues that they're going through. it's a form of escapism... it does help you to free yourself a bit more. (L6)*

*the more you drink the more free you are. (L6)*

In the pre internet world 'going out clubbing' was also a key part of dating behaviour.

*Right, well, back in the days, it was very important because you went out to the pubs and the clubs to get yourself a date or something or to socialise (L5)*

The escapism element of having fun is important to this community, as a significant and common theme for drinking was the management of current or past trauma and alcohol provided a way of putting the bad experiences to one side, at least for a period. Many respondents described alcohol use as a way of managing the transitions into the community, which involved difficult and unhappy

experiences. Alcohol helped coping with initial loneliness, described as *plugging the loneliness*, and then entering, bonding, and sustaining community membership. The reasons for drinking in this context were very much not about fun.

*I got assaulted when I was 19, I call gay bashed, and kicked me in the base of my spine and it actually paralysed me for a bit, so I was going through all that back then, so I was going out and using alcohol to bury my feelings in and to try and get by and, of course, although we say it's an endless pit, isn't it, because alcohol makes you more depressed. (L5)*

For this participant reasons for drinking became a vicious circle as finding support for managing the trauma within the community involved drinking which having started as a coping mechanism had now become part of the problem.

*The more I was drinking the more depressed I got... because I wanted to be with my friends the only way I could be with them was to go out drinking in the pubs. (L5)*

### **Place and drinking**

For the LGBTQ+ community place and drinking were important. Early drinking experiences followed the experience of typical teenage drinking in parks or outdoor places.

*at specific areas that we knew people that also drunk that were youngish went out (L1)*

But as people came out as LGBTQ+ safety became an important issue. Early experiences of coming out had been fraught with danger.

*You had to be careful, because you just didn't know. You stayed in groups, you didn't go anywhere on your own, (L5)*

So, the establishment of a *Freedom Quarter* in Leeds as a recognised centre for LGBTQ+ clubs and bars was widely welcomed as a hub for the community. It allows people to be themselves without the inhibitions of wider society.

*In Leeds, in Freedom Quarter, anywhere in Freedom Quarter, to be honest. Just wherever felt a bit more, the vibe felt good (L6)*

*The fact that it's my peers, it's a much safer environment. It's my people, LGBT. (L6)*

There is a complex relationship between the Freedom Quarter and the community with some places such as *the Wharf* being seen as a place where the club appears to have a duty of care to consumers whereas others are badging themselves as LGBTQ+ friendly but are primarily exploiting the community.

*I do think that it's this whole thing of like rainbow capitalism and like to me it feels like they're using alcohol as a way to take money from queer people without actually caring to make these safe spaces for people who are taking and drinking the alcohol. (L3)*



What does occur however is a reinforcing and embedding of alcohol as an integral part of the LGBTQ+ community and the permission and expectation of drinking, often to excess that the place encourages.

*at that time I probably did drink to excess. Like maybe I enjoyed the space as much as I did at that time because I was way more drunk than I would get now, and like even relative to the time, if I think about the times I've spent in the Freedom Quarter, are probably the drunkest times that I've had, and maybe that is because, not sort of numbing yourself to the space but like I don't know how to describe it more just like maybe I was drinking to enjoy the space that I was in because in actual fact I wasn't enjoying myself. (L3)*

*I don't think there's ever been an occasion where I've been and not had a drink (L3)*

Away from Leeds there is a more scattered approach to place and a combination of pubs and home.

*I used to flitter from pub to pub in the beginning, but then I found somewhere that was a bit more comfy than the rest... The pints would be in the pub, and I'd have spirits at home (B4)*

### **Drinking behaviour**

It would be wrong to generalise about the whole of the LGBTQ+ community or see this as one homogenous non conflicted group. The divisions of wider society are equally present here as are the varied life experiences resulting from identity recognition. But based on our sample it is a community with a commonality of experience such that alcohol plays a significant part in generating a sense of belonging. The behaviour which reflects the part alcohol plays changes over time and those changes in some ways reflect the transition into, consolidating and in some way enjoying membership.

On first coming out as LGBTQ+ there appears to be a period of loneliness that is managed to an extent by home drinking.

*I used to a lot when I was drinking every day. I'd primarily drink on my own to then just go, be able and feel comfortable to see other people. (L1)*

Finding *random friends* is then one way to remove the loneliness but can be a mixed experience.

*The people who were involved, the friend group, it wasn't a particularly nice one. It's weird to say, but you know if you have no friends, but you want friends, you gel in to get friends. So that's what I did, I gelled in, I fitted myself in to have a connection that I didn't have elsewhere. (B4)*

*I don't think I realised how destructive it can be because when I did, I'd just get up to all sorts really. And walk across the city to meet people that didn't really want to be with me. (L1)*

Drinking to excess can then become a major part of daily life.

*we didn't really need a weekend to drink, we'd drink all the time, but it would depend on if I had to work the next day. Sometimes I would be really drunk and go to work and my friends who had classes would stay up all night drinking and then go straight to class. (L6)*

*it would just be like pre-drinking, we'd drink at home and then go out and drink more. (L7)*

*so the graph would probably be, drunk more or less all the time 'til I was about 30 and I'd go out and get drunk and be at home and probably get drunk with people if people had come round to party, so it was nonstop really. (L5)*

It is important to add that drinking can be accompanied by drug taking which is seen as relatively normal behaviour within this community and can be seen by some in the company of friends facing common adversity. as one reason for reduced drinking.

*I'd say it's a lot higher in the LGBT community, especially in the trans community, there's a lot of substance abuse... it's not just alcohol, it's hard drugs too... Cocaine, MDMA, ecstasy, there's a lot. (L6)*

*we'd all started to move on to different forms of recreational substances (L1)*

The amount drunk on a regular basis could be considerable.

*my limit on going out would be two to three pints, and about 10 to 15 spirit mixers. That would have been 10 to 12 pints. (D4)*

Binge drinking to get *totally obliterated* was described as relatively common particularly with the younger members of the community, and anything and everything was drunk.

*Anything really, lager, hard liquor, tequila. (L6)*

Participants explained that support for managing long term trauma could be found within the community, but that alcohol was sometimes the essential social lubricant to enabling that support.

*yeah, issues with depression, suicidal feelings, that sort of thing and that's something that I've always had, not always, but for most of my drinking time had issues with but was never really able to talk about unless I was completely wasted. (L1)*

Not all the drinking behaviour was related to trauma management however as enjoyment and fun could be had too in the company of friends facing common adversity.

*we all had a good time - coping with common stress – friendship not alcohol was most important. (L5)*

As participants became more confident in their place within the community and their own identity, alongside becoming older with responsibilities and work commitments, drinking behaviour could become more regulated and reduced.

*So it felt like I had some sense of agency I guess back. And that seemed to come from drinking less. And I think because of that I just felt more comfortable not having to drink, (L1)*

*I think it's just I grew up, I've matured a bit more. I don't need to party to feel like I'm who I'm meant to be, so I just don't really see the zeal in drinking anymore.*  
(L6)

Community support is valued and could be accessed without the need to be drunk.

*you don't have to be drunk to talk about (feelings) which I'd never really had before to be honest. (L1)*

Yet the potential for heavy drinking remains. As one participant explained devoting his energies to charitable work and attending dry events had much reduced his drinking.

*but let's say it was a weekend, if a friend came over from London or something, I wanted to go out, that would be like a proper pie night, like we're going to get drunk, proper drunk, smashed. (L6)*

### **Access to services**

The overwhelming message from nearly all participants was that they would not access services to help with their drinking. For some this indicated a lack of knowledge of specialist alcohol services but this not knowing was also accompanied by poor prior experience of seeking help.

*I don't think I would either know of any support or would to be honest either trust or want to access it really having had previously bad trans experiences with the NHS. (L1)*

Where services had been accessed for substance abuse they had not been found helpful and not followed through.

*that was to do with like I had concerns about my relationship with like marijuana. And they seemed like the service to go to for that. But I didn't attend the meetings that they'd set or like the follow-up appointment of that. And then it was like OK can I manage this on my own and I chose to do that as opposed to accessing the service. (L3)*

This lack of fit was seen as much as internalised feelings of shame and stigma as it was about the service on offer.

*I definitely I think felt a little bit of stigma, not from them, I think it was more of like an internalised thing about like I felt, I guess shamed was probably the word about like contacting them for the reason that I did. And I think there was a lot to unpick about that and that's probably why I didn't go through with the process of being involved with them. (L3)*

Shame and stigma were clearly identified as barriers along with the fear of labelling.

*there was shame and stigma associated with that. I didn't want to be labelled, no point putting a label on myself. The embarrassing of having to sit in front of someone and say, I've got a problem with alcohol. And them turning round to me and saying, well actually, it's not a problem with alcohol, it's a problem with XYZ.*  
(B4)

But the process of acquiring access was also seen as prohibitive.

*I did at one stage actually reach out to services. But I think my experience on that one was a negative, there was so much red tape to get help. I had to meet certain conditions for someone to help me. You either help people that have alcohol problems, or you don't. So I think that's what put me off wanting to seek help. (B4)*

Where participants would go to seek help was from friends and members of the community.

*My friends, yeah, I think they're the people I feel most comfortable talking to about these sorts of things and I think there are many people who have had experiences with drinking or separate types of addiction that I think I would feel comfortable talking to. (L1)*

Support from friends was not always successful and perhaps has to be asked for and wanted to be successful.

*I didn't really realise until quite a bit after that friends had tried to have an intervention with me and that sort of thing that it had gotten very serious. But I was completely oblivious at the time... I would have probably reacted against that, I wouldn't have, yeah I would have shot people down potentially. I was in a very destructive mindset when I was like that. (L1)*

As one participant explained, however the support of friends could be skilled and helpful.

*In honest, I tried the steep decline, but I ended up getting unwell. So that approach didn't really work for me. It was actually H that came up with the plan of slow weaning, so that's what I did. That's what I ended up doing.*

*think twice about your next drink, are you sure you want another one? What are you doing tomorrow? Do you not have to be up for so and so? That's what they used to say to me.*

*I feel that they passed on them skills to me, responsibility, especially around alcohol. (B4)*

### South Asian community

Three participants from the South Asian community in Kirklees were interviewed, making it the smallest sample in the research. The drinking careers of these participants were relatively brief, although one participant had continued drinking into their 30's. The sample spans ages and gender but all chose to reflect on their experiences of transition in relation to formal education as important in their relationship with alcohol.

## Community Identification

Participants identified as being part of the South Asian, Muslim, and Indian/Pakistani communities. These communities were long standing and important to them.

*Everybody's been living in the same houses since I was born, so we're very well acquainted. So I'd say I'm part of that community. And I very regularly go to my local mosque so the children there, the teachers there, we're all quite close. It's quite important to me (D3)*

The community attitude to alcohol was a strong theme for every participant.

*I think alcohol actually is a taboo subject in these communities (D1)*

*Alcohol's pretty much a no-go zone in our community (D2)*

Participants identified the link between community attitudes and religion.

*It's quite forbidden, because obviously everybody in my street mainly bar a few houses is Muslim and of South Asian descent, so when you're Muslim you know that you can't drink at all. You shouldn't. And again, in mosque obviously the kids are taught from quite young that this is a big no, you're not allowed to do that. So, it's not in either community, it's very looked down upon because it's not allowed (D3)*

*Both within the community and within Islam as well, as a Muslim you shouldn't drink and the community also kind of frown upon drinking (D2)*

## Reason for drinking

Starting drinking for these participants was linked to transition points in their lives as teenagers or young adults, such as the school prom, or moving to college or university. Drinking in these new communities was considered to be normal behaviour.

*It was pretty normal when I first started drinking at university, so I didn't feel like I was different or anything..... Everyone was drinking all the time, even people of South Asian, Muslim background (D2)*

Reasons for drinking were for enjoyment, escapism, stress management and also as a reason for going out.

*Drinking was the only time I'd really go out other than university (D2)*

Drinking was a way to fit in and gain membership of these new communities.

*the main reason why I did it was because of other people and wanting to fit in and be part of that community (D3)*

Whilst the behaviour was seen as normal, there was also an acknowledgement of feeling uncomfortable and under pressure to fit in.

*the first time I drank was probably a bit of peer pressure ..... because everybody else was doing it, because when people go out that's what they do (D3)*

*I kind of got influenced and fell into the wrong crowd at university (D2)*

### **Place and Drinking Behaviour**

Drinking was taking place in pubs, clubs, at home and in one case in the street. Even when drinking activity was occurring in public spaces, for some there was an emphasis on these places being perceived as “quiet” places in order to hide the activity.

*they were fairly local but places where not really many people would go, so quiet corners (D2)*

*just to make sure I'm away from everybody else so no-one finds out (D2)*

For these participants, drinking behaviour that might be seen as light or moderate in other communities, came with an emotional burden of guilt and shame, and the knowledge that this behaviour would lead to them being judged by the communities that they grew up in and left them questioning their relationship with their religion.

*The guilt just completely came over me and I was like I shouldn't be doing this; I need to repent and what not. (D3)*

*I think it's just the shame. Obviously I know I'm not supposed to drink being a Muslim, but obviously everyone makes mistakes and stuff. (D1)*

*I also feel like I can go to the mosque now that I don't drink; whereas in the past I felt like people might judge me or in case I wasn't sober, I'd stay away from the mosque. (D2)*

Participants were also concerned about the effect their drinking behaviour could have on their family.

*They would find out, somehow somebody would find out and they'd either pass it along and people would talk and gossip. And they'd be like oh yeah, that girl in that house drinks. You'd be outcast a bit, and they'd probably not want to speak to my family either because they'd think that everyone was the same in that household (D3)*

### **Access to services**

The feelings of shame and guilt aroused by drinking, and the fear of being found out and judged by the community, made it more difficult for these participants to seek help with their drinking.

*I think just the community and feeling judged if the community knew that I was going to these services. And I know there will be people within my community that know that I'm drinking but I wouldn't want people to know or see me going into the service (D2)*

*I think the guilt would still be too much for me. I still wouldn't do it. Obviously, I understand that most likely it would be confidential, it is, but I think just personal preference I just wouldn't (D3)*

These concerns were exacerbated for one participant by their gender.

*based on the fact that you'd feel obviously being a South Asian girl, being a girl in the community that drinks, especially that's Muslim, you're just going to get judged by every single person if you walk into that place and tell them why you're there. I feel like I'm a very anxious person and I wouldn't want that. I'd rather cope with it myself than be completely shunned by my community and ruin that (D3)*

Whilst participants felt that their families would support them to stop drinking, concerns about the community reaction made this support difficult to access.

*I think my family would, but it's hard to bring it up to my family because, you know, like I mentioned earlier, it's frowned up within our community. So even now the support is difficult to get from family. It's kind of we just don't really speak about it anymore (D2)*

However, the community was also an enabler to stopping drinking, particularly by being around people who weren't drinking and being involved in activities that didn't revolve around drinking. In contrast to the attractions of the drinking communities and the uncomfortable feelings that this aroused for participants, being around people who don't drink was a more comfortable experience, where they didn't feel like they had to try to fit in.

*When I'm around these people it's just a more inviting environment, more welcoming. You feel more at home, just because you talk about other things other than drinking. You're not trying to fit in and be someone else, you can just be you (D3)*

Religion also played a role as an enabler to stopping drinking.

*Instead of having the connection and ruining my connection with God by drinking, I wanted to rebuild that connection, and that's exactly what I did. And here I am I guess, I've stopped drinking (D3)*

Whilst for two of the participants moving out of their drinking communities as a natural part of moving on to the next stage of life after formal education meant they were supported to stop drinking, for one participant this was a longer and more difficult process.

*I felt like it was wrong and it was too difficult to stop and we shouldn't be doing it but we still did it anyway. And I felt like some people were very comfortable in doing it, like they didn't see the wrong. And I may have been a part of that at a young age, but I quickly realised that it is wrong and we shouldn't be doing it, but it took me a very long time to stop. (D2)*

## Overall Findings

### Overarching themes    Belonging and Transition



The identification of a community to which they belonged was common to all participants but could encompass multiple communities both between and within groupings. The concept of intersectionality (Crenshaw 2017) helps understanding of how intersecting groups of belonging can inform an individual's experience of community identification. Identification with a particular community within a particular locality can bring a specificity and uniqueness of experience and associated oppression which is overlapping and multi layered. For example, with potential overlapping communities of belonging between identifying as Polish, or South Asian and LGBTQ+. One participant identified as being a member of the LGBTQ+, African Caribbean and asylum seekers communities along with trans experience. Here homophobia and racism intersect in specific ways to exclude and marginalise the person from their different communities and their access to support. Consequently, there is a movement into and out of communities, a process of transition, to seek a sense of belonging which for this participant was found in a prime identification within the broad church of the LGBTQ+ community.

Community identification is informed by these transition points into and out of communities; from straight to gay, joining a student community or moving to a new country and those transitions can be challenging, or traumatic with associated drinking behaviour to manage or at times enjoy that transition. For example, in the Polish community the move to the UK signaled a point where alcohol became important in creating new relationships and fitting in. This movement into and out of a community of belonging is shaped by an individual drinking career alongside new and past community norms. The transition points challenge community belonging and can be traumatic with associated dangerous drinking behaviour.

What becomes clear is that community identification and belonging are not static but rather a fluid and active process informed by transition points and shaped by alcohol behaviour. A two-way process with, for example alcohol shaping the experience of belonging whilst at the same time belonging shaping the experience of alcohol.



### Cycle of belonging and alcohol



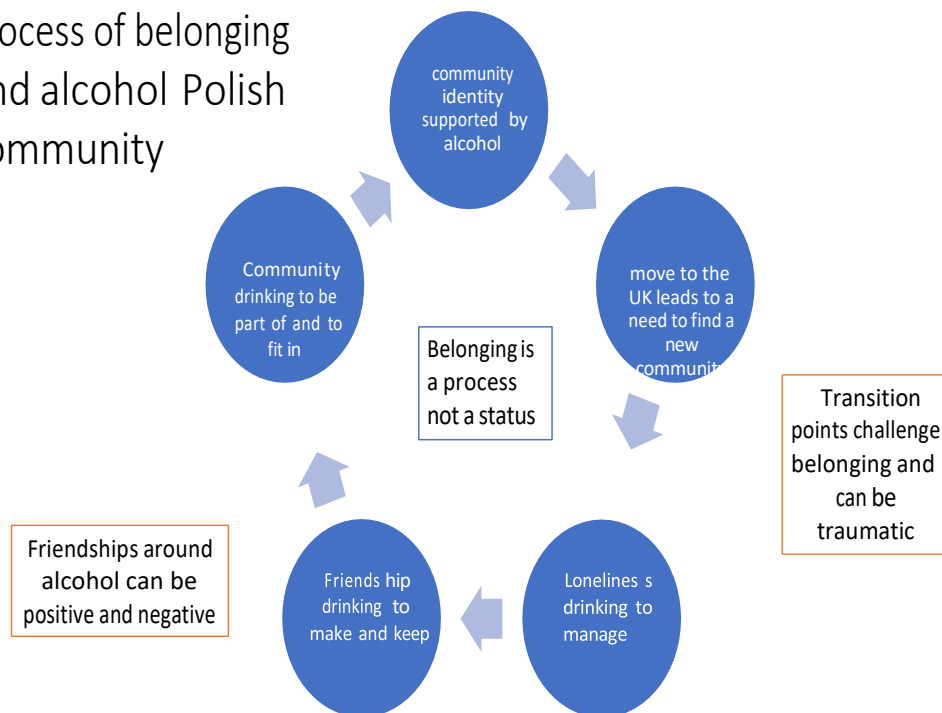
To help understand the interaction of community belonging and alcohol the above model has been developed iteratively from the data. The model is a cycle which can be travelled both ways, with for example alcohol shaping the experience of belonging whilst at the same time belonging shaping the experience of alcohol.

Being a member of the LGBTQ+ or Polish community influences and shapes alcohol behaviour in line with community norms, with alcohol facilitating and reinforcing belonging to the community. But belonging can be more important than alcohol, for example wanting to find support from a friendship group within a community of belonging to help with dangerous drinking, but where the only way to obtain that support is to meet with the friends in the pub. A safe place and feelings of safety associated with community belonging are inextricably linked to places of drinking. So, without alcohol there can be no belonging.

A further example from the South Asian community is moving from a community where drinking is hidden to a community of students where drinking is required to belong. Consequently, alcohol shapes the experience of belonging to that community but in turn belonging to the community shapes the experience of alcohol.

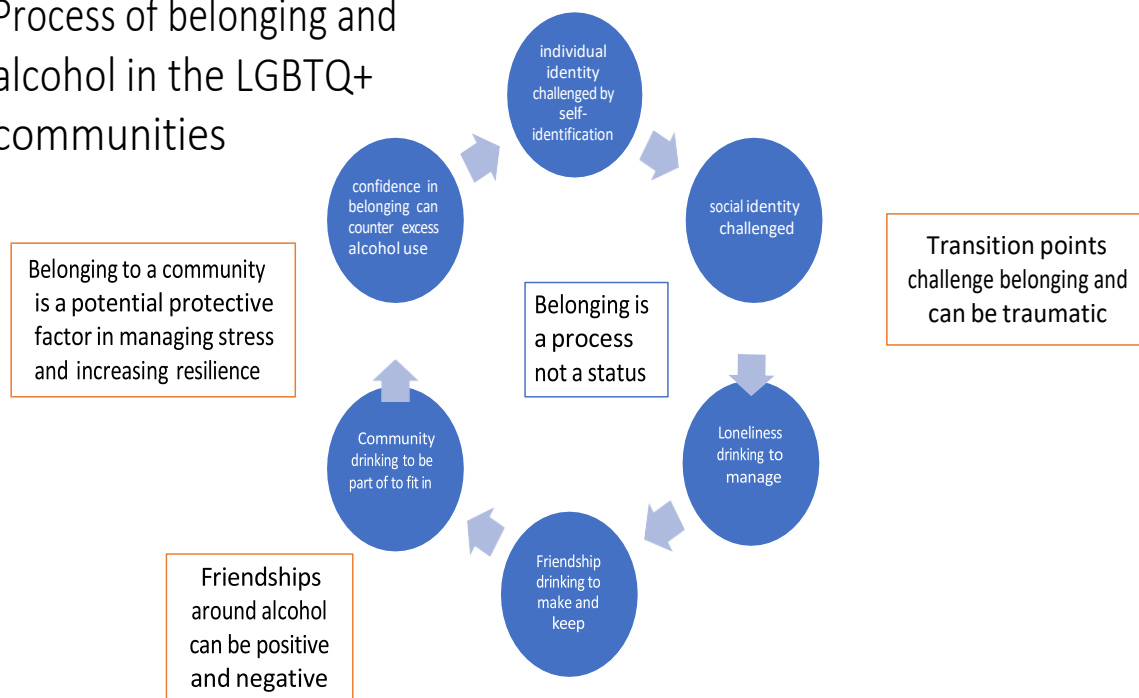
Examples of how the process of belonging, alcohol use and transition play out within communities of belonging is provided by the following models of each community.

## Process of belonging and alcohol Polish community



Here community identity is supported by alcohol from a young age. This is part of being Polish and is seen as normal. This becomes important with the transition to the UK as drinking in Poland becomes associated with nostalgia and a romanticised view of the past; whilst drinking within the UK becomes way to form friendships with other Polish, and English people. Alcohol in this context forms a basis for coping with the transition and seeking a way out of the consequences of this experience, such as isolation and loneliness. This can lead to friendships that are pragmatic to cope with the situation and to integrate into a new community. Over time these relationships will either translate into more long-lasting friendships or fade away as individuals make new, more sustainable friendships with both English and Polish people.

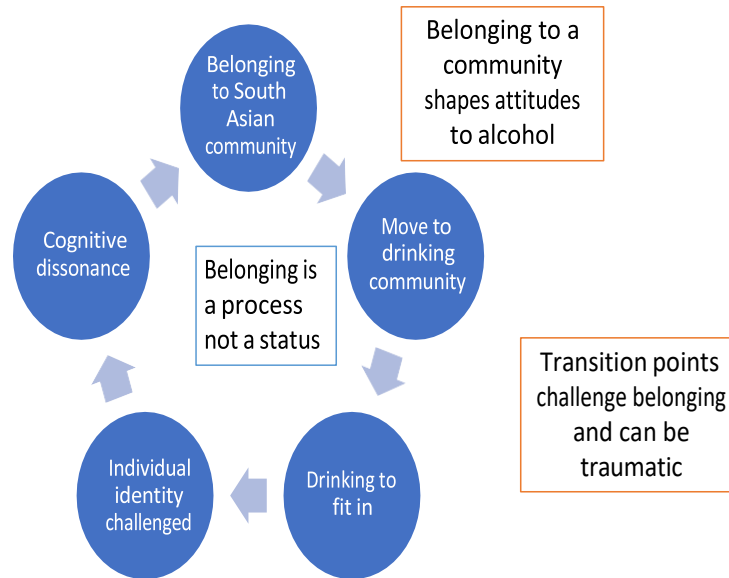
## Process of belonging and alcohol in the LGBTQ+ communities



Here the transition into a community where alcohol use is a community norm and pubs and clubs a safe place for community cohesion is associated with differing drinking behaviour at different transition points. Those transition points challenge belonging and can be traumatic with dangerous drinking behaviour used to manage the trauma and the process of becoming established within the community. Alcohol can be used to manage the loneliness created by the transition into an LGBTQ+ identity and then to find drinking companions and friends to overcome that loneliness. Overcoming loneliness is the motivation and drinking a means to the end. Friendships found in this context can have positive and negative consequences regarding alcohol related behaviour. For some participants however as confidence in belonging to the community increases then belonging can counter excess alcohol use. For those individuals belonging to the community can operate as a potential factor in helping manage stress associated with belonging and be associated with more regular and moderate drinking behaviour.

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## Process of Belonging and Alcohol South Asian Community



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The small sample included a range of demographics, but all chose to reflect on their experience of education. Here the major transition point is the movement in the teenage years from a non-drinking culture of home to the drinking culture of university. This presents a challenge to previous norms and the need to drink to fit in becomes a primary driver of drinking behaviour. This can lead to a crisis of identity as individuals try to reconcile the norms of their new community with those of the community in which they have grown up. This cognitive dissonance is reconciled with a return to their original community post university. This suggests that individuals can move in and out of drinking communities if they have a prior involvement with a non-drinking community and they want or are enabled to return. This will not be the case for everyone. The work of Fox and Galvani in this funding stream highlights difficulties in this process and the consequences for individuals and the community.

## Implications for Practice

Our research findings and models above indicate that belonging to a community is often more important than the alcohol consumption that is required to belong. For example, members of the LGBTQ+ community gain feelings of safety and belonging from their community that are distinct from alcohol. That belonging promotes mental and physical wellbeing but may lead to dangerous drinking. For example, within the Polish community the embeddedness of drinking may make it both hard not to drink, and hard to recognise when drinking behaviour becomes problematic.

These findings highlight something of a dilemma for alcohol services. Social identity research indicates that people going through transitions do better if they maintain membership of pre-existing and new groups which are compatible with social identities. (Best et al 2015). The transition to new groups of community belonging or new manifestations of those groups can be enabled and facilitated by alcohol, in turn promoting health and social bonding (Dunbar et al 2017). Yet that alcohol use, if not in moderation, can lead to physical and mental health problems which addiction studies indicate can best be addressed with success by moving away from social groupings where alcohol use is the norm (Best 2015).

Certainly, for the Polish and LGBTQ+ communities in our research moving away from the community of belonging to seek help with alcohol related problems was not an option, rather the aim was to consolidate and embed belonging. The individuals in our research were very loath to seek help from services with self or peer identified problem drinking behaviour. All the communities we talked to balked at the idea of accessing services regarding them as not for them, either due to perceived or actual prejudice within the services, within the wider community or within themselves and with some reflecting poor previous experience of mental health services. Individuals would seek help from friends and members of the community.

For example, in the South Asian community people talked about seeking help from family and the mosque. The common cultural and religious background was most important in seeking this help, albeit tempered by the ever-present fear of being adversely judged. For the LGBTQ+ community, support was sought from friends within the community, accepting that this might mean going to the pubs and clubs which were partly the source of their alcohol problem. For the Polish community participants thought friends would be supportive to someone reducing drinking but overall, the normality of drinking in the culture meant approaching outside services was almost unthinkable unless faced with a catastrophic life experience.

This leaves alcohol services with a 'wicked' problem of acknowledging the importance of social network support for long term recovery (Longabaugh et al 2010) alongside the potential adverse impact of drinking norms within that community and a reluctance by those community members to access support from outside the community. Some light is shed on this latter by Best et Al's social identity model of recovery:

*More specifically, individuals are only likely to take on board the values, goals, messages, and support from networks of people with whom they can already identify. Without a basis for shared identification, there is little motivation to engage with well-intentioned others, (Best et al 2015 p119)*

Building on this insight our research leads us to the view that alcohol services might target help more towards those communities and members who are supporting people with problematic drinking

behaviour and less towards providing support to the individual with the problem. Community based interventions may be more effective than individual therapeutic interventions. Consequently, outcome measures, such as those used by Office for Health Improvement and Disparities (OHID), on increased or decreased numbers in therapy may not be the best way to measure success.

## Recommendations

In making recommendations to practitioners in an established field we need to be wary of the response that *we already know that we do it anyway*. Our recommendations acknowledge what is done and in no way wish to imply that the work we indicate is not taking place but suggest that doing a bit less of one and a bit more of another might be helpful.

- Services for communities of belonging around alcohol might refocus and target help more towards those communities and members who are supporting people with problematic drinking behaviour and less towards providing support to the individual with the problem.
- Supporting a friend or family member with alcohol problems is emotionally and physically draining and intellectually taxing. Services could provide increased knowledge and emotional support to facilitate and consolidate the care provided by community members.
- Community based interventions may be more effective than individual therapeutic interventions.
- Outcome measures, such as those used by Office for Health Improvement and Disparities (OHID), on increased or decreased numbers in therapy may not be the best way to measure success. Other measures may be more useful. These may look at interventions delivered in communities, and community level engagement.
- Transition points are important in promoting drinking amongst all communities. These transition points offer clear opportunities to present counter routes to belonging. British drinking behaviours of socialising in pubs, clubs and bars impacts on those in more marginalised groups when they seek to belong. Transition points into and out of this mainstream drinking culture are key points where support might impact.

For example:

- Bonding opportunities for students that are not alcohol dependent.
  - Safe social spaces for LGBTQ+ people that are not alcohol dependent.
  - Routes into British social and cultural spaces for immigrant groups that are not alcohol dependent.
- Despite providing the above examples, in identifying what community-based interventions may look like we need to be wary of external 'expert' opinion, but rather further research needs to be done with communities in specific localities alongside service providers to identify and shape interventions that would best meet community need.

## Conclusions

In this report we have shown how belonging impacts on drinking behaviour for each of the groups in the study. How for Polish immigrants to the UK belonging is associated with a sense of what being Polish means and the links between this and alcohol as a normal part of being Polish. We have also noted how for the South Asian community this relationship between alcohol (in this case not drinking) and belonging can become complicated by moving to a new community. This interplay between being a member of a community and drinking suggests that being a member of a community of belonging does impact on drinking behaviour.

That whilst it is possible to reduce drinking and maintain links with your original community of belonging for some groups this is made difficult by the embeddedness of drinking within those groups. So, for example the relationship between safe spaces, drinking and belonging in the LGBTQ+ community is strong. Whilst more sober spaces are opening, they do not yet have the draw of places such as the Freedom quarter in Leeds.

For those we talked to in the South Asian community returning to their original non-drinking Muslim community was possible after leaving university. This mobility in terms of belonging suggests that belonging can be flexible when necessary. Whether this flexibility is open to all is not known, amount drunk, behaviour and family response may all be relevant here. For our other communities some members of the LGBTQ+ community talked about looking for sober spaces to meet. This was more flexible than the Polish community where alcohol was regarded as a normal part of life.

For all our communities, transition points were important with the formation of new communities of belonging often being helped by drinking. There are clear opportunities here to create new routes to belonging at those transition points for all the communities. This would change the role of services to a model that supported communities rather than individuals. A model that recognised the reluctance individuals have to engage with services and instead encourages the community to capitalise on the feelings of belonging that are present and nurture them.

## Limitations

As with any qualitative research, it is important not to draw generalised conclusions and applicability to all communities of belonging around alcohol. There is diversity within each community in the study and this research has focussed on commonality not difference. The research was in one geographical area and could be limited by findings unique to that area. Attempts were made to offset this by having study sites in a range of demographic locations. The study team included academics with professional expertise of working in alcohol related services. Whilst a potential strength of the project the potential of researcher bias from this experience should be recognised. Similarly, members of the community of belonging conducted the data collection and whilst an overall strength the potential for bias should be noted. The sample size was limited by the funding available and consequent researcher time but was broadly successful in covering a range of participants. The South Asian sample was smaller and although covering a range of age and gender was limited to those university educated, and findings should be read with that in mind.

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## Appendix 1 Advisory group members

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### **National Institute for Health and Care Research (NIHR)**

Karolina Klepanska-Czerwinska

## Appendix 2 training plan

Session	Date	Delivery	Content
Session 1 “What have I signed up for?”	30/11/21 6:00-8:00pm	Online  Join Zoom Meeting <a href="https://shu.zoom.us/j/6557242323">https://shu.zoom.us/j/6557242323</a> Meeting ID: 655 724 2323	Getting to know each other Overview of the research Aims and objectives of the course Support available Skills and assets Listening
Homework			Ask 1 person you know the following question: what is there to do around here Listen for 5 minutes
Session 2 “Interviewing with confidence”	2/12/21 6:00-8:00pm	Online  Join Zoom Meeting <a href="https://shu.zoom.us/j/6557242323">https://shu.zoom.us/j/6557242323</a> Meeting ID: 655 724 2323	Interviewing with confidence Using the graph tool Types of questions and responses How to record answers Practice interviewing using the research tools
Homework			Interview 1 person you know using the graph tool and the following question: How many hours exercise a week over a lifetime.
Session 3 “Ready to hit the streets”	8/1/21 11:00-2:00pm	Face to face Room tba Sheffield Hallam University, City Campus, Howard Street, Sheffield, S1 1WB	Keeping safe What to do if things go wrong (including working with vulnerable people) Tools of the trade Go along interviews Practice
Homework			Interview two people using the go along method. Ask them to take you to places that are important to them.  Meet your partner to discuss how this went and what you learnt
Next step			Reflection on the course/project Meeting with research lead and other local peer researcher Meet your local organisation

## Appendix 3 graph

Blank Graph

Drinking  
heavily  
regularly

First  
drink

Age

Interview Date:

Interview Time:

## Appendix 4 Interview prompts

<b>Primary respondent: interview</b>
Would you describe yourself as belonging to any particular community or communities? Can you tell me about them? What part do you think alcohol plays in those communities?
Introduce graph: interested in your drinking over time and in different places. Please can you plot on the graph your drinking journey?
Can you talk me through the peaks and troughs on the graph? How did you start drinking, what was happening when your drinking went up or down?
Who were you drinking with here? (on graph)
(If they drink on their own) do you have groups that you spend time with who don't drink?
Do you drink alone or with others - if the latter can you tell me about them (friends, family, strangers in the pub...?)
Of the groups that you have drunk with which one are you most comfortable with?
Tell me about this group
Are these your friends?
What do that group bring that others don't?
How important is drinking to this group?
If you wanted to stop drinking or cut down would the group support you?
Would you go anywhere else for support - are there any services you know about which you have or might access? What would stop you accessing services? What would make you access support services?
Are there certain places that you go to with this group?
Would you be able to take me on tour of these places and tell me about them?
<b>Primary respondent – walk</b> Thinking about time spent drinking please can you take to me the places that are important to you. (Now and in the past?) (Refer back to the discussion around the graph and drinking career If it helps guide the journey
What do/did you do here?
Who with?
What does this place mean to you?
Is this a happy place?
Tell me about what you do here?
Is it possible to be here and not drink? When is that?
Who are you with when you aren't drinking? Are these happy times?
Visit to service providers as part of walk Do you know about this place? Have you been here? What would stop you?

Does this feel like a place you would be happy to come to?  
Would your group support you coming here?

**Secondary respondent – interview**

How do you know x?

What do you tend to do together?

Would you describe yourselves as belonging to the same community?

How would you describe that community?

Where are they happiest?

How big a part does alcohol play in what you do?

If one of you stopped/started/increased/reduced drinking what would happen?

Is their drinking a problem?

Do you talk about this?

What would you like them to do?

What stops this happening?



## Appendix 5 audio excerpts from the interviews read by community researchers.

Double click on the recording to open the MP3 file.

### Doncaster



alcohol recording 1 doncaster (2).mp3

### Leeds



alcohol recording 2.mp3

### Hull



Hull and  
Scunthorpe.m4a



# Sheffield Hallam University

*Exploring communities of belonging around drink*

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