Community Based Care for Older People with Alcohol-Related Harm: Findings from a consultation workshop with practitioners in social work and social care

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Key findings

1.   Improved infrastructure and referral pathways are needed to ensure a more holistic approach towards older people with problematic substance use. Basing specialist workers in social work teams and regular liaison between social work and other community services such as health, housing and ageing or carers' services would establish and develop trust and support frequent communication.

2.   Develop tailored and sensitive tools that facilitate screening and assessment which are friendly to use across a range of services to help detect co-occurring conditions in older people experiencing problematic alcohol use. There is a need for toolkits to facilitate 'good practice' approaches for use in training and by practitioners and service commissioners.

3.   Mandatory education about harmful effects of alcohol in later life is needed to make sure everyone is prepared to assess, identify and work with older people with alcohol issues. This should target hospital staff, GPs as well as social services, care staff, not just on alcohol but more widely about how this interacts with other issues in later life such as health, mental health and polypharmacy. Service users and carers also need to be targeted with education.

4.   Provide specialist training/information/skills on working with brain injuries and other mental health or cognitive impairment in older people as a result of sustained alcohol misuse.

5.   All professionals have a responsibility for their own knowledge and skills and updating themselves on current issues and this should be discussed and encouraged during appraisals and reviews.

6. Policy, practice guidance and commissioning should recognise the importance of being able to build rapport and engage with older people. Practioners require sufficient allocation of time to do this and support to access any relevant resources to support care planning as a result of their assessments.

7. Meaningful engagement requires facilitating older people to access support that is specifically tailored for them; for example, by being delivered in their own homes or somewhere they can get to easily or in places they already might go to.

8. There is a need for more community-based resources that work with alcohol related issues including outreach and advocacy.

Background

The impetus for this interactive workshop emerged from research on identifying and responding to alcohol issues in non-clinical settings funded by Alcohol Research UK (Grant Reference No: R/2013/06). Little is known about the daily challenges faced by the social care workforce when an older person is living at home with issues associated with problematic alcohol use. The situation can be very complex and challenging for those offering support particularly where there are co-existing physical health conditions and mental ill-health (Kelfve and Ahacic, 2015).

Being able to identify, prevent, manage and support older people where the issues are hidden or underestimated is important for identifying potential for their wellbeing and recovery (Knott et al, 2015). Earlier work on identification and screening with practitioners from a social work and social care background revealed their need for further information, guidance and discussion of the issues they were facing (Hafford-Letchfield et al, 2017; Thom et al, 2016). The workshop was specifically designed to accommodate these needs and give a voice to the practitioners on the ground.

Social care practitioners are key players in the prevention of alcohol-related harm and harm reduction (HMG, 2010) and in providing personal care, safeguarding and social support services to people with needs arising from illness, disability, ageing or poverty when addressing problematic alcohol use. The Care Act (DoH, 2014) stressed the importance in reducing the need for support based on a strength-based approach to promoting independence and resilience by identifying people's anticipation of the risks faced alongside their informal support network. However there is a dearth of evidence on social work with older people experiencing problematic substance use and few resources or tools available (Galvani et al, 2013; Fitzgerald et al, 2015).

Studies suggest that practitioners underestimate the frequency of problems, fail to recognise signs of problematic use and are hesitant in initiating discussion with service users until the impact becomes significant (Gunnarsson and Karlsson, 2013). Combined with ageism, older service users' needs can be marginalised (Wadd and Galvani, 2014; Wadd and Papadopoulos, 2014). Statistics suggest more frequent admission to hospital (Alcohol Concern, 2016) and long-term care (Rao and Crome, 2016), misdiagnoses of dementia or depression and increased

morbidity (Randall et al, 2015). There is however some evidence that tailored support or specialist older people's substance misuse services may be linked to better treatment outcomes and adherence than mixed-age services (Slaymaker & Owen, 2008).

Workshop aims and methods

The workshop was attended by 37 participants from: domiciliary care (2) voluntary sector employees (2); social workers with older people (23); mental health practitioners (5); specialist workers in alcohol and drugs (2); community nurses (2); manager of quality (1). Participants came from London and outer regions and were recruited through outreach to the university's existing local partnerships and networks. The workshop was free to attend in exchange for participation in themed discussion areas which aimed to:

a) explore and describe current issues for the community-based workforce working with older people with alcohol related harm in order to identify training and support needs
b) make recommendations derived from participants practice experience which better identify and provide support community based care for older people and to inform the range and types of collaborations and care pathways needed for improvement.
c) explore the potential for using visual imagery as a method to convey information about the issues in an accessible format. .

Middlesex commissioned *MoreThanMinutes (http://www.morethanminutes.co.uk), a group of professional artists,* to illustrate the workshop discussions; some of the illustrations are included in this report. This proved to be a valuable activity in bringing together hitherto unheard voices or unacknowledged contributions and to capture a more holistic picture of participants' experiences. This was an experiential approach and participants were invited to review the imagery before the final plenary in order to reflect on a wider range of issues than they had covered in their thematic group. The images as feedback were successful in generating discussion and thinking in a way that oral feedback from group sessions rarely achieves. They stimulated and retained participants' attention. Visual imagery can be valuable in staff learning (training advice/leaflets) and the visual resources produced for this workshop have since been used in learning materials to draw wider attention to the issue of problematic substance use in later life.

Findings from the workshop participants

We provide a summary of the workshop participant's experiences and perspectives from three themed discussion groups based on: 1) Identifying issues for older people – potential care pathways enablers and barriers; 2) Identifying workforce learning and development needs; 3)

Engaging older people, carers and the potential for peer support. Recommendations from each theme were summarised in the 'key findings' section.

Identifying issues for older people – potential care pathways enablers and barriers

Providing services for older people raised the issue of defining 'older' and whether it was appropriate to develop services targeting specific age groups. Raising the issue of 'age' was seen as sensitive and participants were concerned about labelling people. However, definitions of 'ageing' impact on developing appropriate pathways for support. For example, it is important to identify early onset drinkers but the way in which services are structured into 'older' or 'ageing' specialist services (from age 65yrs) may mitigate against early intervention, and problem drinking may be well established already before the individual comes to the attention of professionals.

There were a number of difficulties mentioned around identifying alcohol problems and taking early action. Practitioners reported that they were able to spot harmful drinking behaviour if visiting people at home, where there may be evidence through excessive bottles etc. This did not mean they would address alcohol consumption in their assessments. Particularly if the person had a range of 'complex needs', it became difficult to assess at which point a drinking problem would be prioritised, if at all. They referred to their skills in assessing the environment during home visits and being able to identify changes with those they were working with over time. Professionals were concerned as to how they might help someone who just wants to reduce alcohol consumption rather than stopping altogether which felt out of their remit. They described referring to external agencies due to their own lack of resources but recognised limitations within the support services.

Not having sufficient time and resources in otherwise heavy workloads were cited as barriers to following up 'sensitive conversations' with individuals identified as having a problem. Practitioners saw these conversations as valuable and essential to addressing alcohol issues properly with older people, particularly if they were very isolated in the community. The need to listen, show compassion and gather a good history was cited as key to referral to specialist services. Some expressed reservations about 'how to have the conversation', when to raise it, how to raise it, and then what to do next? Those familiar with motivational interviewing techniques in mental health were more comfortable with these decisions. One social care practioner reported being 'scared' to record a service user's problematic alcohol use in their care plan since this could lead to labelling and refusal of service by the provider. Identifying and recording an alcohol problem was difficult in a market where domiciliary care was rationed or was of poor quality. Other dilemmas arose from the need to make decisions regarding whether an older person should be refused alcohol. One domiciliary care worker noted that the decision was often down to the individual worker leading to inequalities or a breach of human rights and problems in balancing demands from the family and carers with the rights of the older individual. Assessment of mental capacity featured strongly in supporting decisions about the continuing use of alcohol in the home context.

Referral and relationships with other professionals and services were seen to pose considerable barriers to delivering care for older people. For one thing, most workshop participants were not aware of the criteria or process of referral and availability of specialist services in their area. Participants spoke about poor assessment resulting in individuals being referred to the wrong

level of services, lack of coordination of services, poor availability and fragmentation of services. The issue of mental capacity (important in assessment in the home context) also emerged strongly as a bone of contention between social workers/ carers and hospital professionals. Many instances of older people with alcohol problems came to light through presenting at accident and emergency. Social workers perceived medical professionals as quick to suggest that the person 'lacked capacity' when the person was intoxicated and to request social work involvement on this basis. Social workers found senior consultants most challenging in these scenarios particularly where they themselves lacked expertise on problematic substance use. They also noted a tendency for repeat referrals or referrals that just bounced back from specialists when social care practioners were still working with the individual who also had other social care needs.

Clearly, the availability of adequate, appropriate resources was seen as a major issue. Problems of service provision were impacted by the requirements to cut budgets in local authorities and tensions arose about whose budget should fund services. Social workers expressed concerns about the root issues of problematic substance use for example, poor housing, loneliness and poverty that were not being tackled. Especially where local preventative and social services were no longer available, this posed an ethical dilemma. Was it appropriate to focus on the alcohol problem particularly where local preventative services that could support people with these wider social issues were no longer available.

The following practice example illustrated some of the powerlessness felt by practitioners in trying to address practical situations on the ground:

> I am *working with a 60 year old man isolated due to physical disability and who lives on 13th floor of a block of flats. He has approached his GP for help but says his GP doesn't listen. He tries to detox himself which has resulted in seizures and his drinking stops and starts resulting in a vicious cycle over the last 42 years. I am struggling to find an appropriate service for him given the service users lack of confidence in engage with community services and often face questions from providers 'Does he have the ability to engage in a structured programme in the community'. With no other options, this situation feels stuck and difficult to know how to go forward.*

In summary, practitioners felt that older people with problematic alcohol use were a 'hidden group of people' and their inability to assess or refer the person contributed to obscuring the issues within generic services. Practioners were aware of an older cohort that does not present with a drink or drug problem until a crisis occurs. Crises were often associated with hospital admission or with discharge from hospital, when paid carers were arranged to visit the home. Hence identification and responding proactively was identified as a very complex and challenging area requiring more transparency and interdisciplinary working between different practitioners. While the emphasis of the discussion was on problems experienced by practitioners, an example of a local wellbeing service was cited as very helpful in signposting older people and one social worker suggested:

> *'Familiarise yourself with your community alcohol/drugs team, - try not to work in isolation – because at some point you will need to go beyond your own scope of practice'.*

Identifying workforce learning and development needs

Participants were motivated to attend the workshop by recognising a significant gap in their knowledge and skills in working with older people around alcohol issues, directly impacting on their confidence to engage with this group. Only four reported having received training on problematic substance use. Most social workers had not had any training during their professional education or in their post-qualification training. Education and training on substance use are not prioritised due to current financial constraints (by employer) or time (by professionals). Social workers commented on the ongoing lack of attention given to alcohol issues in their induction and the lack of good information on how to familiarise themselves with the local context and resources to put together a support package for their clients.

Practioners recommended that more should be done to improve knowledge, skills and resources in dealing with older people with alcohol problems. Education and training efforts need to be targeted at all relevant practitioners, including those managing services, GPs and hospital medical staff as lack of knowledge by other professionals resulted in inappropriate referrals or misleading descriptions of a service user's needs. As older people are likely to require multiple services requiring good communication and effective joint working between professionals, training needed to include a multi-agency component so that professionals understand each other's roles. Service users and families also need education on problematic substance misuse, and the media and wider public services, which play an important role, should be well informed. Better education of older people, themselves, would help to make the issues more visible and could encourage people to come forward for screening, advice and support.

A few practitioners asserted the importance of taking individual responsibility for raising these issues during appraisals. In addition, they thought reviews of case work as well as audits of workforce development can be helpful. Having champions on different aspects of older people's services such as dementia or falls could be useful with respect to addressing problematic substance use; training one or two people in a team/service to advise others might go some way towards facilitating improved services. There were pitfalls with an approach that encouraged

specialists within the team - it could let some off the hook and fall short of every professional having an all-round current knowledge of the issues. Some workshop participants stressed the need to be pro-active in educating themselves and using their social work skills to engage older people in conversation.

Particular areas where participants wanted to develop more confidence included working with people who had cognitive impairment or brain injury, problems of mental capacity and how to help people with capacity issues but who still needed help, improving knowledge and skills in working with hoarding, and mental health where alcohol might be an underlying issue.

Lack of appropriate tools to assist in identification and management were barriers to working with older people who were drinking harmfully (and their families). Participants questioned what constitutes 'a problem' and what to do if you think you have identified a problem:

> *When does it become 'problematic'? I don't know how to determine this – how do you determine at what stage it is a problem?*

It was felt that more standardised assessment and diagnostic tools would help to ensure consistence across practice. Alcohol was compared to conditions such as dementia and cancer where appropriate tools and training were available. There was a strong sense that such training and preparation should be a fundamental part of professional training – like cancer, dementia where 'you are given tools and know what to do'. An example of good practice came from Borough X, where 'all the professionals know where to go'; there is a 'champion' with good knowledge of the subject and of support systems, available to help others in the team.

In conclusion, participants perceived a lack of adequate, appropriate training and skills to address problem alcohol use among older people. They noted, in particular, a need for training around cognitive impairement and mental capacity and the need for improved assessment tools and guidance on the management of older clients with alcohol problems.

Themed topic 3: Engaging older people and their carers

The need to show compassion and establish trust was frequently raised in relation to the role of social workers, in particular regarding showing concern and engaging in meaningful conversations. This was seen as crucial to build rapport and to become more aware of changes in life that may trigger alcohol misuse. Social isolation remains one of the biggest problems for older people and with the move away from community provision, for example the loss of day centres, it was difficult to bring older people together. Engaging family members was also important. Family members were acknowledged as an important source of information as well as a source of support for the client. But there were also dilemmas arising from competing demands and carers own need support.

Engagement could be affected by attitudes and the perceived stigma around alcohol problems. Participants referred to some of the terminology such as 'alcoholic', which is commonly used, and infers that someone is beyond help. In addition, due to lack of awareness and ageism, problems associated with alcohol are sometimes treated as 'secondary' – again emphasising that education is a key element in helping older people *and* professionals to tackle the issues and facilitate engagement in conversations around alcohol use. Worksop participants felt strongly

that engagement rested on adopting a strength based approach, recognising what individuals CAN do.

Practitioners were cautious about raising issues without being able to follow through. It was important, therefore. to know what the options were and how accessible they were for older people isolated at home, particularly those with mobility issues. Organisational factors, how services operated, could act as disincentives to engaging older clients.

For example, agencies that required individuals to refer themselves made engagement challenging. For individuals with brain injury failure to access services could be misinterpreted as lack of co-operation or motivation to change. Similarly, for individuals presenting for detoxification, engagement was likely to prove difficult and participants suggested that clients should have the option to return after the effects have worn off when it would be easier to engage them rather than trying to engage during detox. Discharge from hospital was another point where engagement could be difficult. At this point, if the older person does not have insight or is unwilling to disclose their alcohol use, they can be discharged without any support to resolve alcohol-related problems. In discussing engagement, social workers returned to the issues of having to manage large workloads and still find time to explore clients' drinking patterns. Given the pressures coming from other institutional requirements, such as hospital discharge deadlines, engaging older clients became time consuming and challenging.

Engaging older clients, their families and carers, was recognised as a key challenge that required further examination. However, this topic group raised some main factors influencing engagement: the continuing stigma around problem alcohol use and negative attitudes towards older problem drinkers: the social situations and contexts of older people's lives which may make engagement difficult: an older person's physical and mental capacity which may lead to misinterpretation of their actions: the structure and working procedures of services which can facilitate or impede disclosure of problems and influence engagement; and, not least, social

worker/ carers' workloads and perceived priorities which affect the time they can devote to developing relationships and engaging with older clients and their families.
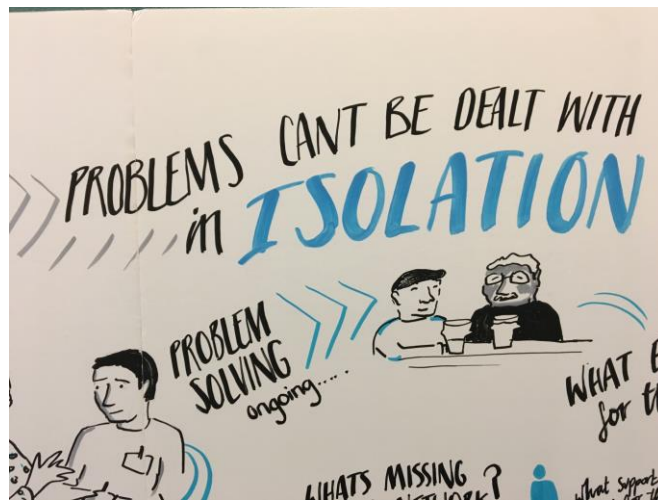
Summary

Empirical evidence on what interventions work best with older people are limited but it is generally acknowledged that there are some interventions that can be used with success. Interventions used to treat alcohol problems in later life include brief interventions, family interventions and motivational counselling, cognitive behaviour approaches and group support. All of these reflect the range and models of practice that social workers should be able to provide. A key factor is in the modification and tailoring of support to older people, for example by slowing the pace, doing outreach work, reinforcing and providing good quality information. Social workers and social care workers working with older people are in a position to provide support that also addresses other age related issues such as bereavement and loss, physical and mental health, loneliness and cognitive impairments.   Therefore it is important that they are able to identify those older people affected by alcohol related harm and intervene at the earliest opportunity.

The findings from the practitioners' experiences in the workshop reinforced many known challenges in working with older people in the community. Improving practice has to come from a range of disciplines and perspectives that draws together knowledge, skills across health, social care and other public services. Social workers bring a strengths-based approach to their practice and this needs to be reinforced through better training, holistic assessment and partnership working at different levels, not least with older people themselves. Given that social workers often work in crisis situations, they may be in a position to offer rapid assessment and referral if trained to do so, as well as exploring with people why they have stopped using services in the past and helping them to stay engaged.

References

Alcohol Concern (2016) *Alcohol Statistics*. https://www.alcoholconcern.org.uk/alcohol-statistics

DH (2014) *The Care Act*. London, Department of Health.

Fitzgerald, N., Molloy, H., MacDonald, F., & McCambridge, J. (2015). Alcohol brief interventions practice following training for multidisciplinary health and social care teams: A qualitative interview study. *Drug and Alcohol Review*, 34, 185–193. doi: 10.1111/dar.12193

Galvani, S., Hutchinson, A., and Dance, C (2013) Substance use training experiences and needs: findings from a national survey of social care professionals in England. *Social Work Education* 32(7), 888-905

Gunnarsson, E. & Karlsson, L. B. (2013) "Man slutar inte dricka för att man får städat" – om bistånd, hemtjänst och alkohol [On assistance, home care and alcohol]. *Arbetsrapport/Institutionen för socialt arbete* 3. Stockholms universitet.

Hafford-Letchfield, T., Thom, B., Herring, R., Bayley, M. (2017) Delivering information and brief advice on alcohol (IBA) in social work and social care settings: an exploratory study. *Drugs: Education, Prevention and Policy*. Open Access https://doi.org/10.1080/09687637.2017.1344621

HMG (2010) UK *National Drug and Alcohol Strategy*. London, HMG

Kelfve, S., Ahacic, K. (2015) Bias in estimates of alcohol use among older people: selection effects due to design, health, and cohort replacement. *BMC Public Health* 15:769

Knott, C.S., Scholes, C.S., Shelton, N.J. (2015) Could more than three million older people in England be at risk of alcohol-related harm? A cross-sectional analysis of proposed age-specific drinking limits . *Age and Ageing* . 42: 598–603.

Randall J, Wadd S, Edwards K, Thake A. (2015) Alcohol screening in cognitive impairment. *Journal of Dual Diagnosis*. 11(1): 65-74.

Rao, R., & Crome, I. (2016). Alcohol misuse in older people. *BJPsych Advances*, 22(2), 118-126.

Slaymaker, V. J. and P. Owen (2008) 'Alcohol and other drug dependence severity among older adults in treatment: Measuring characteristics and outcomes', *Alcoholism Treatment Quarterly*, 26(3): 259-273.

Smith, L. and D. Foxcroft (2009) *Drinking in the UK: An Exploration of Trends*. York: Joseph Rowntree Foundation.

Thom B., Herring R. and Bayley M. (2016) The role of training in IBA implementation beyond primary care settings in the UK *Drugs: education, prevention and policy* DOI: 10.1080/09687637.2016.1195792

Wadd, S., Galvani, S. (2014) Working with Older People with Alcohol Problems: Insight from Specialist Substance Misuse Professionals and their Service Users, *Social Work Education: The International Journal*. 33(5), 656-669.

Wadd, S. and Papadopoulos, C. (2014) Drinking behaviour and alcohol-related harm amongst older adults: Analysis of existing datasets *BMC Res Notes*. 20(7):741. Doi: 10.1186/1756-0500-7-741.