Cheers!? A project on alcohol and older people in Brighton

Juliet Millican and Angie Hart

Context

The project originated from a partnership between Age Concern Brighton, Hove and Portslade; Brighton and Hove Drug and Alcohol Action Team; and Brighton and Hove City Council – Social Care, facilitated by CUPP at the University of Brighton. The concern was an increase in the number of older people using their services who may have problems with alcohol. Partners were aware of a lack of local evidence and also a lack of services specifically for older people with alcohol problems. They commissioned the university to conduct a scoping study, with further funding from the Brighton and Sussex Community Knowledge Exchange (BSCKE). The University of Brighton partners were Professor Marian Barnes and Dr Lizzie Ward of the Social Science and Policy Research Centre, while the civil society partner was Dr Beatrice Gahagan, Age Concern – Brighton, Hove and Portslade.

The project had three main aims:

- To develop the knowledge base within two geographical areas of the city on the use of alcohol by older people, the problems and concerns they have and where they might seek to access services.
- To increase awareness among services providers and others of the role of alcohol in older people's lives and the nature and extent of any problems they have.
- To provide a mechanism for the agencies involved in the steering group to apply the research results and work jointly on developing awareness and thinking on services throughout the life of the project.

Organization/structure

The main partners in this project were supported by a steering group made up of service managers from the Brighton and Hove City Council Adult Social Care, Drug and Alcohol Action Team and Sheltered Housing Team; and colleagues from the Primary Care Trust who work in Health Promotion and the Healthy Cities programme. Quarterly steering group meetings were held with the funder (BSCKE). The core workers on the project also supported a reference group of older volunteers who provided input into the project.

Activities

The project ran from September 2007 to August 2008. The first phase, September to January, was focused on setting up the project: seeking ethics approval; setting up the 'guidance group' (who provided guidance and support throughout the life of the project); and recruiting and training older researchers – four in total, they participated as part of the research team providing input into research design and carrying out interviews. The second phase involved conducting the research, and gathering and analysing the data. This occurred throughout the life of the project, but most intensely between January and July 2008. The third phase, over the summer of 2008, involved drafting the final report, agreeing on and conducting dissemination activities.

There is a need first and foremost to seek the views of older people on their use of alcohol and what part it plays in their life, both for social and 'medicinal' reasons. Asking people to talk about their use of alcohol can be seen as intrusive. Further, there are both generational and cultural issues to be taken into account in designing any methodology for research on this topic. Researchers need to be aware of how to engage a vulnerable client base in a way that does not make them feel stigmatized. And ethical issues need to be well thought out in order to protect and support the older people who take part.

In designing the methodology for this project we made some deliberate choices informed by what we learned through the scoping study. First, we chose to employ the word *use* rather than *misuse* or *abuse* of alcohol. In designing the methodology what we sought to explore was older people's use of alcohol in the broadest sense. We also sought to explore what older people think about their use of alcohol. Do they see it as a problem? If they do, where and with whom do they (or would they) engage about it, and what services or support would they like to see in the future?

Second, we wanted to work with older people in a participatory way, both in design and execution of the project. To support this, we set up a reference group of older people with whom we developed issues to explore and questions to use in the research. We recruited participants to the reference group through a number of means: through Age Concern, through the current older peoples' networks in Brighton and Hove and through other networks of older people and carers associated with the university. We also recruited and trained two older peer group researchers to be actively involved in the research. This served to develop research skills within older volunteers at Age Concern, and was based on our thought that it might be easier for interviewees to talk with people from their own peer group. These individuals were sought from within the older volunteer base currently working with Age Concern and other agencies involved in the steering group.

Individual interviews were undertaken with twenty participants. In developing the content of those interviews and as part of raising more general awareness of the issue we also ran three focus groups with nineteen people. We advertised the focus groups through the older people's forums and networks within the city and through agencies involved in the steering group. A snowballing technique was planned through the focus groups and other networks to attract older people to

take part in interviews. In addition, we specifically approached some of the agencies on the steering group to assist with appropriately accessing and supporting users of their services to take part in interviews. We aimed to access the views of those at all parts of the spectrum of alcohol use if at all possible, from those who drink socially to those for whom it is an acknowledged problem.

Outcomes

In the early stages of the project we held four training sessions with the co-researchers and afterwards produced a co-researcher training manual. This covered different aspects of the research process and brought together our combined ideas from discussions we had during the four sessions. The manual acted as a reference guide for the co-researchers during the interview stage and has also been made available to other researchers and projects that plan to use a similar participatory approach.

We produced a report – *Cheers!?* – which has been distributed widely through the steering group members' networks in the areas of health, housing, drug and alcohol services, organizations working with older people, and faculty-wide teaching and research staff. The report and a four-page findings summary have also been made available on the university's website. The report was also forwarded to Age Concern England who requested more copies for a high level meeting with Department of Health (DoH) officials in December. The steering group planned a launch event in May/June 2009, aimed at bringing together commissioners, practitioners, service users and older people who have been involved in the research.

In addition, the university researcher and two of the co-researchers attended the INVOLVE national conference (hosted by the National Institute for Health Research) and presented the project as a poster. This was a good opportunity to publicize the project and also to meet and network with others actively involved in research. This also created opportunity for the co-researchers to reflect on their involvement and connect it to participatory research practice more broadly. They came away with a strong sense of what we had achieved.

Conference papers were accepted for the CUPP conference, and the Health and Social Policy Research Centre's Critical Perspectives on User Involvement conference. These presentations were made jointly, by the community supervisor and university researcher. Planning is under way for the submission of the findings to academic journals. These will also be co-authored by the university supervisor, the community supervisor and the university researcher.

The project has fed into university teaching. The community supervisor and university researcher have delivered three lectures to students in masters' courses in community psychology and social work, and to an undergraduate community psychology course. Steering group members reflected that involvement in the project had positive benefits for the usefulness of the findings in their own areas of work. They valued the model and good practice of involving older people in carrying out the research, and of creating opportunities to develop their relationships with each other.

From the perspective of the Brighton and Hove Drug and Alcohol Action Team (DAAT), the project offered potential for thinking about work with the voluntary sector, and recognition that they would not have been able to complete this type of project on their own. They recognized the benefits of the partnership approach to this project: acknowledging the importance of input from Age Concern, and the academic credibility gained through university involvement. Another benefit for DAAT has been the opportunity to work with other partners, and new work has resulted. DAAT and Social Care are developing work around the Health Trainers programme, making links to housing, and advancing an agenda not normally possible within the DAAT structure.

From the Sheltered Housing perspective, the project offered opportunity for front-line staff to engage with the research and increase awareness of the issues and their impact on older people. They will be able to feed the research into other national and local sheltered housing networks in the statutory and private sector, and so view their partnership role as extending beyond the project.

From the perspective of the Brighton and Hove Primary Care Trust (PCT), the project fit well with other work currently happening locally within the Healthy Cities/Healthy Ageing Partnership, and will be disseminated through the European network of Health Cities. There is potential here for developing links with potential partners in Europe who are working on a Europe-wide strategy on alcohol. The project has highlighted the importance of having research not just focused on medical models, and illustrates the social nature of the issue. It is hoped that the research will have a 'creative impact' on commissioning strategies. The findings will feed into health promotion work in the city.

Policy changes

While problematic alcohol use among younger people has received a lot of media and government attention, older people's alcohol use is a neglected area of policy and research. In this context, our project has generated interest among practitioners and policymakers. A key aspect of the project was the successful partnership formed between government, civil society and university partners. The final report, *Cheers!?* (2008), was widely disseminated through the partnership to policymakers and practitioners in the areas of health, housing, drug and alcohol services; organizations working with older people; and faculty wide to teaching and research staff. Age Concern England raised the research with senior DoH officials in December 2008.

Beyond the immediate findings, the project made an impact on those involved. It challenged assumptions about what older people are able to achieve. It enabled the co-researchers to develop research skills that will be a future resource for community research. In fact, most are now involved in a new research project on older people's well-being. The project created new ways of bringing different people together to work on the issue and there has been a considerable knowledge exchange between and within those working different sectors – voluntary, statutory and university.

CASE STUDIES

More, the Cheers! project has resulted in further collaboration between Age Concern Brighton, Hove and Portslade, and the University of Brighton, who are now working together on an 'innovative research project' about older people and well-being. According to Age Concern, 'the research partnership builds on our previous joint work ... to develop the model of undertaking research with multiple stakeholders and enhance Age Concern's pro-active role in building the evidence base of local older people's needs' (2010).