drink wise age well

COMMUNITY FUND

Addressing the needs of older adults receiving alcohol treatment during the Covid-19 pandemic: A qualitative study

November 2020

GCU Glasgow Caledonian University

University of Bedfordshire

we are with you

AUTHORS: Jennifer Seddon, Paulina Trevena, Sarah Wadd, Lawrie Elliott, Maureen Dutton, Michelle McCann, Sarah Willmott, Julie Breslin.

AUTHOR AND CONTRIBUTOR DETAILS:

Institute of Applied Social Research,
The University of Bedfordshire, UK.

Department of Nursing and Community Health,
School of Health and Life Sciences,
Glasgow Caledonian University, UK.

Drink Wise, Age Well,
We Are With You, UK.

AUTHOR FOR CORRESPONDENCE:

Jennifer Seddon: jennifer.seddon@beds.ac.uk.

ACKNOWLEDGEMENTS:

We would like to thank all of the services and participants who took part in this study for their time, honesty and valuable insights.

Introduction

The introduction of a UK-wide lockdown in March 2020 to prevent and limit the spread of Covid-19 also brought the potential for adverse effects such as boredom, isolation, loneliness and stress.

At the time of writing, Covid-19 restrictions remain in place, with social distancing measures across the country and local or national lockdowns in parts of the UK. Older adults in particular have been adversely affected by the pandemic, especially those aged 70+ who were advised to stay home to 'shield' from the virus. Older adults remain at greater risk of serious illness and death from Covid-19 (ONS, 2020).

Evidence suggests that the global pandemic resulted in higher levels of alcohol use among the general population (Alcohol Change UK, 2020). In line with many other healthcare services, alcohol services in the UK responded quickly by delivering remote support with staff working from home.

This study aims to better understand the impact of the pandemic on older alcohol service users aged 55+ and alcohol service providers. The key aims of the study are to:

1 Explore the consequences of the Covid-19 pandemic and lockdown on older service users, including on their alcohol consumption.

2 Identify how alcohol services have adapted and supported older service users, and how staff experienced these changes.

3 Identify the short and long-term implications for service provision, and how service responses could be improved.

Method

The study involved seven alcohol treatment services providing support in urban and rural areas of England, Wales, Scotland and Northern Ireland. Participants took part in semi-structured interviews over the phone or online; these lasted up to one hour and were audio-recorded with the participant's consent.

Staff interviews focused on how services had adjusted their provision and responded to the needs of older service users, how staff had experienced the changes in working practices and the perceived short and long-term implications of these changes for service provision.

Service user interviews focused on the physical health, mental health and social consequences of the pandemic for older service users, including impact on drinking patterns, and their experiences of receiving alcohol support.

Interviews took place between July and September 2020. Data was analysed using thematic analysis (Richie & Spencer, 1994).

Service users also completed the three consumption questions of the Alcohol Use Disorders Identification Test (AUDIT-C). The AUDIT-C is a three-item screening tool, scored on a scale of 0-12. An age-adjusted score of ≥3 for women and ≥4 for men indicates high-risk alcohol use (Bush et al, 1998; Bradley et al, 2007).

The measure has been validated for use among older adults (Gomez et al, 2006). Questions were framed in the context of drinking behaviour since lockdown began.

Ethical approval was granted by the University of Bedfordshire's Research Ethics Committee.

Results

PARTICIPANTS:

Fifteen alcohol service staff were interviewed; 67% (n= 10) were female and 33% (n= 5) were male. Interviewees included recovery workers, outreach workers, therapeutic intervention workers and a Drink Wise, Age Well locality manager. **Thirty service users were interviewed;** 67% (n = 20) were male and 33% (n= 10) were female. The mean age of participants was 66 years (SD: 6.14, range: 57-80 years). Nineteen participants lived in a rural setting, with 11 living in an urban setting (town or city). The mean AUDIT-C score was 4.23 (SD: 4.24, range 0-12). Thirteen participants (43%) had an AUDIT-C score of 0 and of the remaining participants, one was drinking within healthy limits with an AUDIT-C score of 3, and sixteen (53%) were drinking at harmful levels with an AUDIT-C score between 4 and 12, including 5 people (17%) drinking very heavily with AUDIT-C scores between 10 and 12.

1. STAFF VIEWS:

1.1. How has Covid-19 impacted older service users?

One of the key impacts of the lockdown was increased isolation among older people, especially those living alone who did not have a network of family and friends. The lack of face-to-face contact or home visits for some meant they had no social contact during the lockdown period, as older adults were often reluctant to go out during the pandemic. This, in turn, was reported to have an adverse impact on their mental health, and in some cases lead to increased drinking.

The impact of the pandemic on the use of alcohol was however, mixed; for some it resulted in significant increases in alcohol use, whereas for others it resulted in reduced drinking. Staff reported increased drinking as a way of coping or due to changes from drinking in social settings (i.e. pubs) to drinking at home, and because people were buying alcohol in bulk to reduce the need to go shopping as often. Some staff also reported that previously discharged service users were returning to the service.

> **Most of my elderly or older clients, I should say, have struggled with coronavirus, increased drinking and not just volume... (they) have moved from maybe a lower strength alcohol to a higher strength alcohol, maybe moved from wine to spirits, purely as a way of dealing with things.**
> (Service provider, England)

Staff also reported receiving high numbers of new referrals during the pandemic. On the other hand, staff noted some people, often those who they thought would struggle during lockdown 'sailed through'. Many staff remarked the effects of the pandemic on alcohol consumption were variable.

1.2. How did services respond during the pandemic & how was this experienced by staff?

The majority of services moved to a model of remote support, with staff working from home. In cases where service users were considered to be especially vulnerable, additional practical support (e.g. ensuring access to food parcels, medicines etc.) and in-person contact was provided by some services.

In working with older service users, 'remote working' most often meant contact via telephone rather than online support. This was due to various barriers, notably technological problems or technical confidence. These comprised; lack of access to the internet or technology (i.e. computer, smartphone), not wanting to use or feeling confident in using technology and poor internet connectivity, especially in rural areas. Among service users that could access online support this was well received, with staff reporting some found it easier to engage online rather than face-to-face.

In providing support remotely, the most significant challenge was the lack of face-to-face contact. Staff considered this essential in working with older service users.

Fully assessing service user needs and their overall condition over the phone was difficult since much of the assessment relies on visual cues (e.g. presentation, self-care, home environment etc.). Staff also sensed service users were not always truthful with them over the phone but were unable to verify this:

> **With telephone calls they tell you what they think you want to hear... but when you're face-to-face with that person you can gauge where they're at, or whether they've been having a good time, or whether they've been really low. With a phone call they won't tell you because they don't want to be a burden, it's that pride thing that is quite instilled in that generation.**
>
> (Service provider, England)

> **I've had four or five people just say, "Yeah, I'm not drinking", fall over in the car park and break their hip. Another guy, "No, I'm not drinking", he ended up in hospital having a seizure, he's epileptic anyway, nothing to do with the alcohol, but they needed to detox him in hospital because he drank so much alcohol, so it's a lot easier for people to lie when you can't see the home environment, when you can't see people in the face.**
> (Service provider, Wales)

Contact via phone also meant that completing structured work or formal assessments was difficult, and communication over the phone was often not suitable for service users with memory, speech or hearing impairments, or serious mental health issues. Phone contact could also be difficult for service users who had not disclosed their engagement with an alcohol service to family members.

In some cases, in-person socially distanced visits continued for particularly vulnerable service users. Such visits were seen as essential to ascertaining risk and minimising harm. Several staff described cases where they felt alcohol-related falls and hospitalisations could have been avoided or better managed if the service users had been seen in person by alcohol workers. Service providers thus strongly felt that in some instances remote support was simply insufficient.

Nevertheless, the model of remote working had some advantages for staff. The lack of travel to visit service users meant some staff felt they had more time to support service users, this was especially true for services that covered remote rural areas. Remote working was also felt to offer greater flexibility and accessibility for service users, and improved attendance and more frequent contact was reported. However, working from home also created challenges. Considering the emotionally difficult nature of recovery work, staff found the lack of peer support from colleagues and opportunities to debrief especially challenging. In response to this, one service in England launched a 'daily check-in' allowing staff to debrief and discuss challenges with colleagues, which was very well received. Other difficulties included managing working from home (especially for those with caring responsibilities), greater emotional demands of phone contact compared to face-to-face contact, increased caseloads, difficulty in 'switching off' after work and separating home life and work life, and privacy concerns when conducting video calls from home.

Lastly, for many staff using technology was a learning curve, and they came across various technical difficulties in providing online support, including learning how to use certain platforms, running online groups and dealing with their service users technical queries.

Overall, service providers' experiences of providing support during the pandemic have been mixed with many challenges related to lack of face-to-face contact with service users but also some advantages, such as gaining more time and flexibility to support service users through remote provision.

1.3. The perceived short and long-term implications for service provision

In terms of implications for service provision, in the short-term these were perceived as related to current Covid-19 policies, such as predominantly remote provision in the near future, limited face-to-face contact with service users, re-organising the office space and adjusting team organisation to be able to carry out work in line with the Government guidelines.

In the longer-term, staff felt in-person contact was essential in working with older service users. Staff raised concerns about older service users 'falling through the cracks' if remote service provision continued longer-term. Nevertheless, it was recognised that for some service users a blended approach to support could be beneficial, especially for those living in remote rural areas. Therefore, while maintaining some elements of the adjusted work practice would be welcome, moving to predominantly remote support was not seen as desirable or practicable.

2. SERVICE USER VIEWS

2.1. How has Covid-19 impacted older service users?

Older service users' reactions to, and experiences of the pandemic varied greatly depending on a number of factors including; their living arrangements and family situation, their living environment, their lifestyle and health prior to lockdown, whether they were shielding, whether and to what degree they were receiving informal or formal support, whether they were able to tap into or develop new coping strategies, and their overall mental health.

In terms of alcohol use, the impact of lockdown on the drinking habits of older adults was mixed. In general, older people who were living alone and drinking heavily prior to the onset of the pandemic continued to do so. Alcohol use increased for some as a way to cope with the difficulties of lockdown, or because the usual strategies to manage drinking, such as engaging in alcohol-free social activities, were not available. Others who typically drank in pubs started to drink more when drinking at home.

> **So I suppose in some ways I've been a little bit more sort of, oh well, you know, it's a difficult time so it's okay to have maybe a drink at the end of the day, because there's lots of difficult things going on in the world at the moment.**
> (Service user, female, 61, rural area)

In some cases, this resulted in alcohol-related accidents and hospitalisations, with a number of new referrals during lockdown coming from medical staff. However, for some older people the lockdown resulted in decreased alcohol use. This was mainly due to less opportunity to purchase alcohol as people were unable to shop for themselves or shopped less often, the closure of pubs and the lack of social situations in which to drink.

Overall, many people reported struggling with maintaining sobriety or drinking at healthy levels during lockdown, and the support provided by alcohol services at this time was seen as invaluable.

2.2. What are older service users' experiences of receiving help and support from alcohol services during the pandemic?

For most participants, how they engaged with the alcohol service changed during lockdown. Most service users reported that contact with their alcohol worker was now via phone, with only a small minority of them receiving online support or continuing with face-to-face contact. In some cases, service users accessed peer group meetings online.

For the most isolated service users, the call from the alcohol service was one of the few interactions with the outside world they had during the pandemic. Calls were typically weekly, depending on individual needs, and the nature of phone support was often rather informal and consisted of check-in chats rather than structured alcohol interventions. Service users felt phone support was highly accessible, and some service users liked the anonymity of phone support. Nevertheless, the majority of service users expressed their preference for face-to-face contact:

> **You can say anything on the phone though, can't you? If it was possible, yeah, I'd rather speak face-to-face, but it's not always convenient for people.**
> (Service user, female, 79, rural area)

> **Obviously, you'd prefer face-to-face, wouldn't you, because you've got company then.**
> (Service user, male, 70, urban area)

> **I like when she [recovery worker] comes face-to-face, and then she explains everything to me, you know. Then you know what she's talking about.**
> (Service user, male, 65, rural area)

The ability of older service users to access online resources was limited for a number of reasons, including not having access to technology or the internet, not knowing how to use technology, health barriers or learning difficulties, or anxiety around online support. Generally speaking, many service users had not been using modern technology much, or at all, prior to lockdown, and very few chose to engage in online support with the service.

Of those that did engage in online support, this was typically to access peer support groups. Feedback on these was typically very positive with participants appreciating the opportunity to reconnect with others 'in the same boat'.

Peer support was viewed as invaluable and in some cases established group members continued to provide support to each other during lockdown informally by phone, or even by organising socially distanced visits. Moreover, the option of having group peer support by phone was raised by some participants who were unable to access groups online, or who could not engage in local peer support due to the confidentiality issues associated with living in close-knit remote rural settings. However, this was not provided by any of the services taking part in this study.

Generally, most service users were happy with the support provided by services in what they understood were very difficult circumstances. Although service users had a clear preference for face-to-face contact, many people found the remote support received from alcohol services during lockdown as integral for sustaining recovery:

> **The support, it was amazing. It was really, really, really good. Because they kept in touch, and it's been amazing. Without, see if I didn't have the support group during the lockdown, I wouldn't have been able to cope, I wouldn't have. I don't think I would have been able to cope, I think I might have been back on the drink, to be honest with you. But with having the support, and having somebody that listens to me, you know, it's amazing, you know.**
> (Service user, male, 62, urban area)

Summary and recommendations

Alcohol services across the UK had to adapt quickly in response to the Covid-19 global pandemic. In order to continue to support service users, remote service provision became the norm.

In terms of supporting older service users, over the phone support was most frequently used as many older adults were unable or unwilling to engage in online support.

Remote support had some unexpected benefits: the accessibility and flexibility of phone support was highly valued by both staff and service users, and remote support was particularly welcome for those living in remote rural areas.

Nevertheless, face-to-face contact was considered essential for effective alcohol support for older service users, allowing staff to better assess need and ascertain risk.

Face-to-face contact was also preferred to remote service provision among older service users.

RECOMMENDATIONS

Recommendations for short-term service provision during Covid-19
Provide access to the internet, technology (e.g. smart phone or tablet) and training to older service recipients.
Support staff in remote working, including provision of equipment, IT training where needed and real-time IT support for staff running online groups.
Ensure the wellbeing of staff is prioritised when working from home, e.g. provide structured opportunities for peer-support and staff debriefing.
Ensure that support is user-led, with the option of socially distanced in-person support for the most vulnerable groups e.g., those living in social isolation, those not able to engage remotely and those at risk of harmful drinking. This includes reconnecting people with their social networks via digital technology in the short-term.
Provide home visits and/or walking consultations that meet the Covid-19 guidelines for the appropriate UK country to the most vulnerable service users.

RECOMMENDATIONS

Recommendations for longer-term service provision

Remote service provision should be provided in addition to, rather than instead of, face-to-face support for older adults.
Maintain accessible and flexible phone support for older adults.
Consider adjusting work practices to a blended approach (combining face-to-face and remote support) where beneficial and practicable for both service providers and users, e.g. in rural-remote areas where travelling to appointments is time-consuming or difficult.
Ensure older adults are supported to engage online, providing support and training where necessary. Consideration of 'softer' opportunities for online engagement to begin with may be beneficial for older adults, e.g. 'social cafés', whereby service users can meet with peers online for an informal chat.
Consider the introduction of non-geographical online peer support groups, rather than local groups. Concerns regarding confidentiality meant that for participants living in rural areas characterised by small close-knit communities, local peer support groups were not an option.
Consider the development of telephone peer support groups for people who cannot take part in face-to-face or online groups (e.g. due to sight impairment).
Strengthen links with existing community health and social care services to prevent older people falling between services and ultimately preventing unnecessary hospital admission.

References

Alcohol Change UK (2020). New research reveals that without action lockdown drinking habits may be here to stay. London: Alcohol Change UK. Available from: **https://s3.eu-west-2.amazonaws.com/files.alcoholchange.org.uk/images/Lockdown-easing-press-release-FINAL.pdf?mtime=20200702175422**

Bradley, KA., DeBenedetti, AF., Volk, RJ., Williams, EC., Frank, D., & Kivlahan, DR. (2007). AUDIT-C as a brief screen for alcohol misuse in primary care. Alcohol Clin Exp Res, 31(7): 1208-1217

Bush KR, Kivlahan DR, McDonell MB, Fihn SD, Bradley KA (1998) The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. Arch Intern Med 158:1789–1795.

Gómez, A., Conde, A., Santana, JM., Jorrín, A., Serrano, IM., & Medina, R. (2006). The diagnostic usefulness of AUDIT and AUDIT-C for detecting hazardous drinkers in the elderly. Aging & Mental Health, 10(5): 558-561.

ONS (2020). Impact of coronavirus in care homes in England: 26 May to 19 June 2020. Office for National Statistics. Available from: **https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/impactofcoronavirusincarehomesinenglandvivaldi/26mayto19june2020**

Ritchie, J. & Spencer, L. (1994). Qualitative data analysis for applied policy research, in: A. Bryman and R. G. Burgess [eds.] 'Analysing qualitative data', (pp.173-194). London: Routledge.