Drink Wise Age Well

England Legacy Workshops

January-March 2021

Introduction

In February 2021, representatives from the fields of alcohol, health, aging and policy on England came together over series of three workshops to learn about the outcomes and the achievements of the Drink Wise Age Well programme and explore how the programme's legacy could be continued after the programme itself ends. NPC was engaged by DWAW and its partner International Longevity Centre (ILC-UK) to co-design and co-facilitate this process.

The DWAW programme supported people to make healthier choices about alcohol as they age. Funded by The National Lottery Community Fund, the programme was based in five regions across the UK from 2015 to 2020 and was designed to change attitudes, combat stigma and reduce alcohol harm in the over 50s, so that they may live longer, healthier lives.

The following slides summarise the process and the outcomes of the three workshops.

DWAW awareness-raising materials

Workshop purpose and participants

Overall purpose of workshops

With the DWAW programme coming to end, the workshops were envisaged as an opportunity to do the following:

- Raise awareness and generate understanding of DWAW's approach to community-based alcohol harm reduction for the over 50s
- Share key findings and results from the programme evaluation
- Collectively explore further strategies and actions based on DWAW's learnings and legacy that could be taken by stakeholders

Workshop approach

- Although the first workshop was primarily in plenary, the second and third workshops were mainly conducted in small groups, with each group focusing on a different aspect of the DWAW Charter
- The workshops were designed and led by the NPC team with inputs and facilitation support from DWAW, ILC and lived experienced experts
- The workshops primarily used an online tool called Mural to create an interactive workshop experience

Workshop participants

- Participants were invited from voluntary, public and academic sectors with a range of specialisms and experience - including aging, alcohol addiction and health policy, each with a critical role to play in addressing this issue. Participants also included DWAW staff and lived experience experts belonging to the legacy group. ILC-UK provided support with identifying and inviting attendees.
- An average of 26 attendees per workshop participated in the series, with almost all taking part in all three workshops

Workshop process and approach

Workshop process

The initial proposal (pre-pandemic) had been to conduct a 1-day, in-person workshop. Following the shift to online programme delivery, the decision was taken to split this into 3 x 2-hour virtual workshops spread over three months between January and March 2021.

Participants were encouraged to take part in all three workshops, as they were designed as a sequential process. This process was designed to move participants from first understanding the DWAW approach, model and recommended strategies for reducing alcohol harm in the over 50s towards considering actions that can be taken by the wider system to enhance those strategies. The workshop structure proceeded as follows:

- **Workshop 1, Learn:** The primary focus of this opening workshop was sharing an overview of the DWAW programme model and findings from the evaluation with stakeholders; participants also heard from people with lived experience and were introduced to the DWAW Charter, which became the basis of the subsequent assessment and planning process in Workshops 2 & 3
- **Workshop 2, Assess:** Participants then went on to focus on the recommendations from the DWAW Charter – a call to action for alcohol harm reduction in the over 50s, which had been co-produced with stakeholders in each of the 4 nations. They assessed each recommendation in the Charter according to its current status, its potential impact, and therefore its priority for further action
- **Workshop 3, Plan:** In the final session participants then explored strategies and actions for taking forward these Charter recommendations

Workshop Outputs & Outcomes

Workshop 1: Learn

Workshop content

The main focus of Workshop 1 was presentation and discussion of the evaluation findings, enhanced by lived experience testimony. In this workshop participants gained an understanding of:

- The risk factors for alcohol harm in the over 50's
- Why age specific services and approaches are needed
- Personal lived experience of the issue
- How DWAW has significantly raised awareness of the issue, delivered age specific support around the UK, trained support workers and worked to reduce stigma

The summary findings from the programme evaluation can be found in the evaluation summary report (Fig 1). The full evaluation report will be posted on the website DWAW soon.

Fig 1: Evaluation Summary report: *https://www.drinkwiseagewell.org.uk/media/publications/pdfs/evaluation-summary-report.pdf*

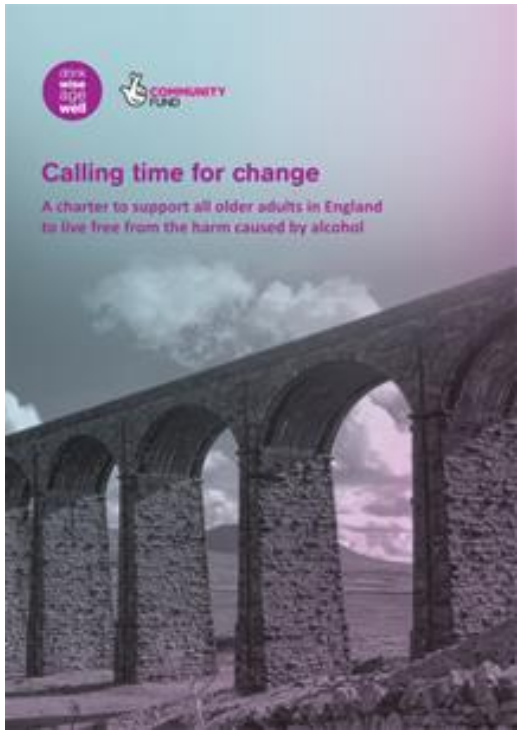


Fig 2: Calling Time Charter – England: *https://www.drinkwiseagewell.org.uk/media/publications/pdfs/calling-time-for-change-england.pdf*

The DWAW charter

Participants then learned about the recommendations in the DWAW Charter (England), which can be accessed through the link beneath Fig 2.

Workshop 2: Assess

In Workshop 2 participants conducted a structured assessment of the recommendations in the DWAW Charter and the extent to which each is currently being implemented. For this process, participants were split into three working groups, each group focusing on one of three categories in the Charter. The three groups and the recommendations within each are shown in the table below

Categories	Recommendations
A. Prevention	**Targeted public health campaigns** raising awareness of the effects of harmful drinking in the over 50s, as well as its causes and stigma around the issue
	A wider social prescribing model that ensures older adults are given opportunities to make social connections in their communities to enhance their health and wellbeing.
	Recognition that **carers for dependent family members** can become very isolated
	The roll-out of a **brief interventions skills programme**
B. Working Together	Workplaces to promote **alcohol-free social events** and wellbeing initiatives
	Pubs and local clubs to offer **alternative alcohol -free spaces**
	Community projects to host alcohol prevention and awareness events.
	Locally appropriate services – e.g. older adults living in rural communities may find it particularly difficult to access support
C. Providing Treatment	Alcohol treatment services to embed a **social prescribing model into their provision**
	Alcohol services to be designed in a way that makes them accessible to older adults, **is person-centred and not time bound.**
	The treatment workforce to **access values-based training**.
	Age cut-offs in alcohol projects and treatment services challenged on grounds of age discrimination.

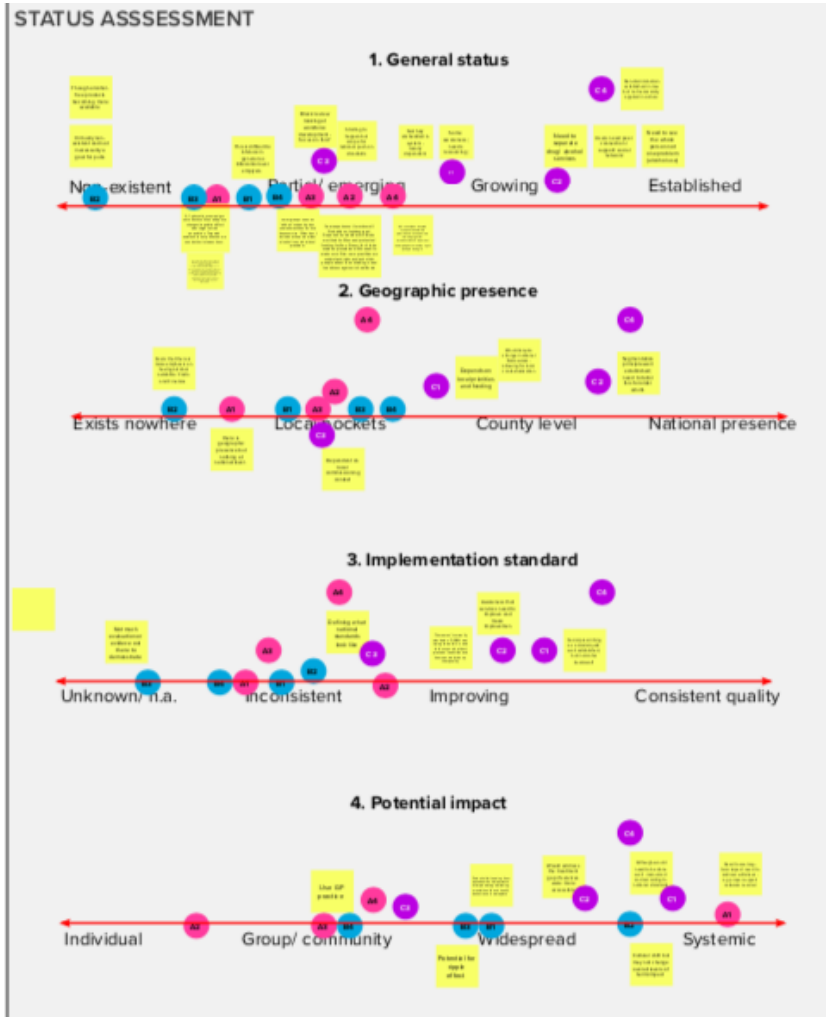
Workshop 2: Assess

Exercise 1: Assessment

The assessment was conducted against key metrics including:

- Current level of provision– the extent to which the recommended strategy currently exists and how widespread
- Quality of implementation, where applicable
- Potential impact of that strategy, if widely applied

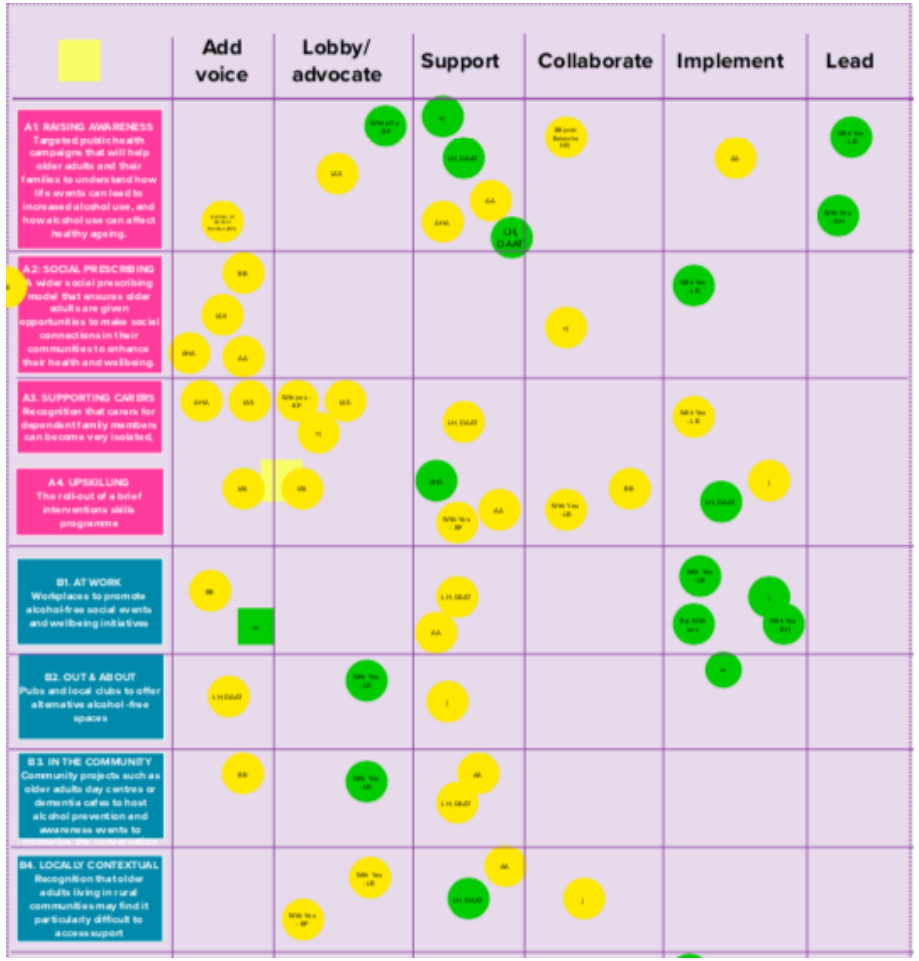
Using virtual sticky dots, participants placed each charter recommendation along a line from negative to positive – as shown in the screenshot on the right – and used virtual sticky notes to explain their assessment. For example, within the area of Prevention, Recommendation 4 – “the rollout of a brief intervention skills programme” was assessed as being significantly lacking but with high potential for impact, making it a high priority for further development and action



Workshop 2: Assess

Exercise 2: Contribution Potential

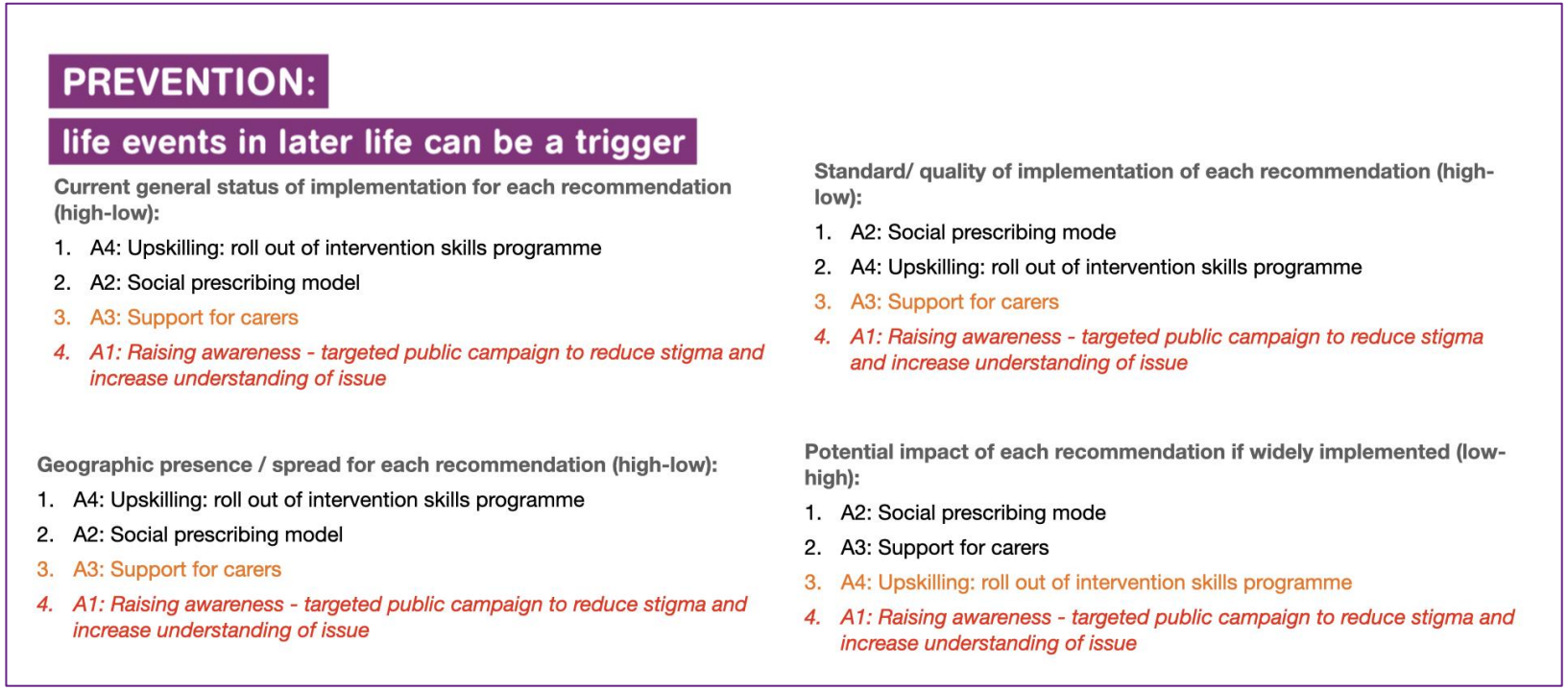
- Following the shareback of this assessment, the second exercise then asked participants to indicate the Charter strategies they might be able to contribute to, and what kind of contribution they might be able to make - from ‘Add Voice’ to ‘Lead’, as shown in the screenshot on the right
- Participants were asked to use a green virtual sticky dot to indicate strategies they were already involved in, and yellow for those they could potentially become involved in.
- This built up a picture of which Charter strategies could count on current or potential support/ involvement form the group and thus more potential for action



Workshop 2: Assess

Analysis

- The outcomes from these exercises were analysed after the workshop. The image on the right shows an analysis from the first exercise.
- The Charter strategies that were assessed to be least present, most urgent and with highest impact potential are indicated with red (highest) and orange (second) font.



PREVENTION:

life events in later life can be a trigger

Current general status of implementation for each recommendation (high-low):

1. A4: Upskilling: roll out of intervention skills programme
2. A2: Social prescribing model
3. A3: Support for carers
4. *A1: Raising awareness - targeted public campaign to reduce stigma and increase understanding of issue*

Standard/ quality of implementation of each recommendation (high-low):

1. A2: Social prescribing mode
2. A4: Upskilling: roll out of intervention skills programme
3. A3: Support for carers
4. *A1: Raising awareness - targeted public campaign to reduce stigma and increase understanding of issue*

Geographic presence / spread for each recommendation (high-low):

1. A4: Upskilling: roll out of intervention skills programme
2. A2: Social prescribing model
3. A3: Support for carers
4. *A1: Raising awareness - targeted public campaign to reduce stigma and increase understanding of issue*

Potential impact of each recommendation if widely implemented (low-high):

1. A2: Social prescribing mode
2. A3: Support for carers
3. A4: Upskilling: roll out of intervention skills programme
4. *A1: Raising awareness - targeted public campaign to reduce stigma and increase understanding of issue*

- We can see in this analysis that for the Prevention group, for example, the highest priority strategy would be a targeted public health campaign to reduce stigma and increase understanding of the issue

Workshop 2: Assess

Analysis

- The second exercise – assessing the group's potential to contribute to each recommendation – was analysed using the table shown on the right, which helps see at a glance those strategies which the group would best be able to support.
- The table highlights the three end columns - collaborate, implement or lead - as these types of contribution would of course be the most critical.

	Add voice	Lobby/ Advocate	Support	***Collaborate***	***Implement***	***Lead***
Prevention						
A1: Raising awareness - targeted public campaign to reduce stigma and increase understanding of issue	IAS	IAS, WAWY- RP	CJ, LH, DAAT AA, AHA	***BB, with Balance NE***	***AA***	***WAWY, LB; WAWY BH***
A2: Social prescribing model	BB, AHA, AA, IAS	IAS		***CJ***	***WAWY***	
A3: Support for carers	AHA, iAS	WAWY, RP IAS, CJ	LH, DAAT		***WAWY- LB***	
A4: Upskilling: roll out of intervention skills programme	IAS	IAS	AHA WAWY- RP, AA	***WAWY, LB BB***	***LH, DAAT J***	
Working Together						
B1: Workplaces to promote alcohol-free social events & wellbeing	BB		AA, LH DAAT		***WAWY- LB, RP, BH J***	
B2: Pubs & local clubs to offer alcohol-free spaces	LH DAAT	WAWY, LB	J			
B3: Community projects/ centres promote alcohol awareness/ harms prevention	BB	WAWY, LB	AA, LH DAAT			
B4: Locally contextual - understanding needs of older adults in rural communities		WAWY- RP, LB	LH DAAT AA	***J***		
Providing Treatment						
C1: Treatment through prevention: social prescribing model embedded in treatment services	AHA, BB, IAS		AA	***LH DAAT***	***WAWY- RP, LB, BH,***	
C2: Human-centred services - accessible, person-centred, not time-bound			AA	***LH DAAT***	***WAWY- RP, LB, BH, J***	
C3: Values-based training - workers explore feelings and attitudes to issue			AA	***LH DAAT***		***WAWY, BH, LB***
C4: Discrimination-free services: challenging ageist practice	AHA, IAS	WAWY, RP	AA	***LH DAAT***		***WAWY, BH, LB J***

Workshop 2: Assess

Analysis

Taking these two exercises together – status assessment and potential contribution – the analysis from Workshop 2 showed that the following two Charter recommendations from each area should be the highest priorities for further development and action.

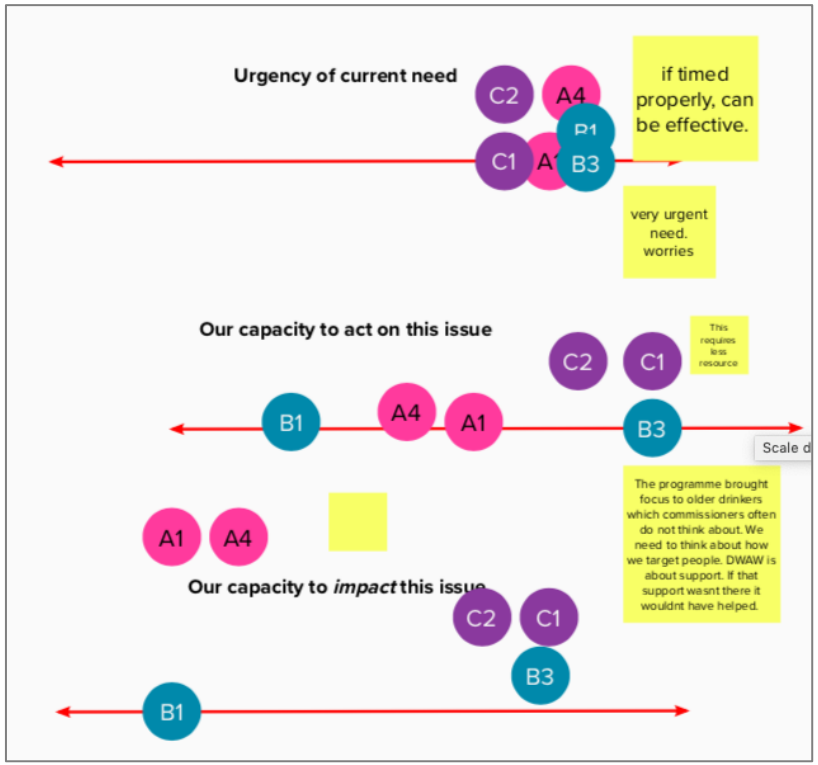
Categories	Recommendations
A. Prevention	A1**. Targeted public health campaigns** raising awareness of the effects of harmful drinking in the over 50s, as well as its causes and stigma around the issue
	A2. The roll-out of a **brief interventions skills programme**
B. Working Together	B1. Workplaces to promote **alcohol-free social events** and wellbeing initiatives
	B2**. Community projects** to host alcohol prevention and awareness events.
C. Providing Treatment	C1. Alcohol treatment services to embed a **social prescribing model into their provision**
	C2. Alcohol services to be designed in a way that makes them accessible to older adults and **is person-centred, and not time bound.**

Workshop 3: Plan

Content

- The third and final workshop saw participants discuss and design potential strategies and actions for one Charter recommendation within each of the three areas: Prevention, Working Together, Providing Treatment.

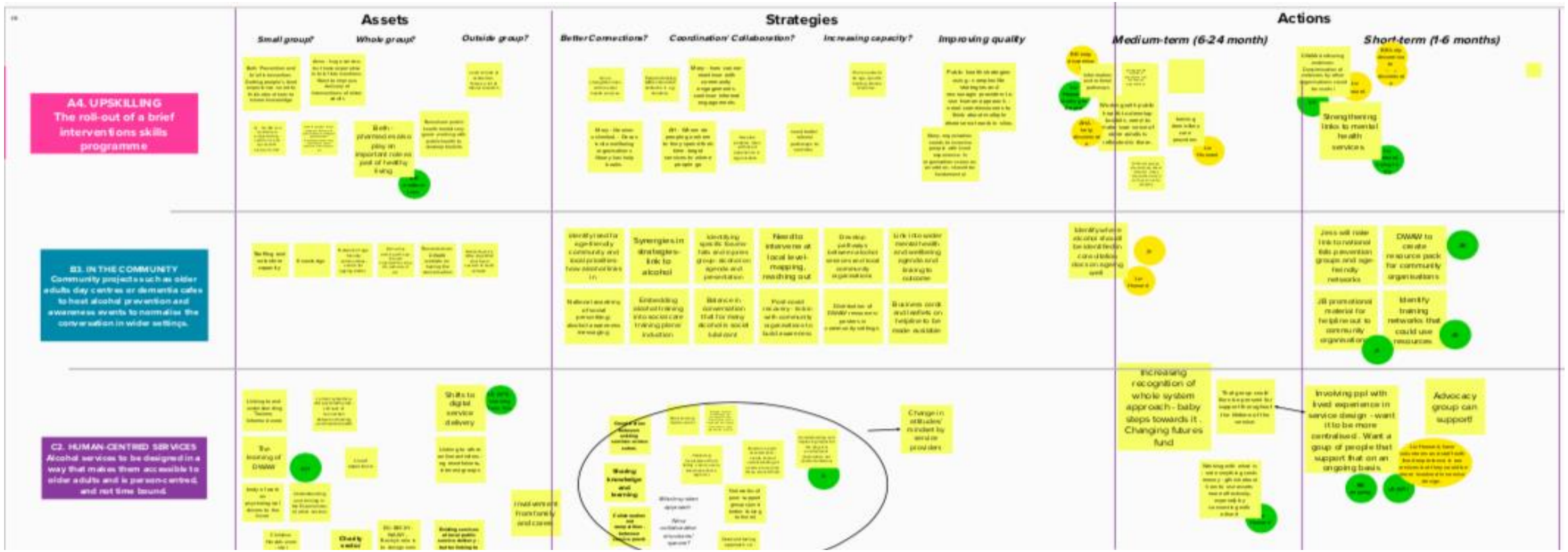
- As there was not time to develop both, the group conduced a further assessment exercise in order to select one of the two priorities identified through the previous workshop to work on during this session. This second assessment also served as a ‘refresh and revisit’ for previous workshops participants and a catch-up for new participants



- Through this exercise, the groups selected the following recommendations to work on:
  - A4: The rollout of a brief intervention skills programme
  - B3: Community projects/ centres to host alcohol harms prevention and awareness events
  - C2: Alcohol services to be designed in a way that makes them accessible to older adults and is person-centred, and not time bound.

Workshop 3: Plan

In the final exercise participants used the planning tool shown below to develop strategies and actions for each of the selected recommendations. They were asked to consider **existing assets** that could be leveraged, both from inside and outside the group, and then explore **strategies** to build on those assets – for example how to strengthen connections, coordination, capacity or quality. From there, they were invited to suggest short- and medium-term **actions** that could be taken towards implementation of those strategies



Workshop 3: Plan

Outputs

The full content of outputs from each group is provided in the three tables, one per group, on the following pages

	ASSETS	STRATEGIES	ACTIONS
Prevention			
A4: Upskilling: roll out of intervention skills programme	• Public health toolkit very good - working with public health to develop (further) toolkits • Lived experience: Need to build on that to share knowledge / understanding • Academia - there's a lot of robust research	• Strengthen links with mental health services • Develop roles of people with lived experience in organisation. • Need better referral pathways to services • There needs to be age specific training - online resources • Public health strategies that encourage providers to use human approach. • Need commissioners to think about multiple causes of disease not work in silos. • Organisation needs to involve people with lived experience. In organisations seen as an add on, should be fundamental	• Working with public health to develop toolkits. Need to make sure voice of older adults is reflected in there. • Providing training for domiciliary care providers • DWAW delivering webinars. • Dissemination of webinars by other organisations could be useful

Workshop 3: Plan

	ASSETS	STRATEGIES	ACTIONS
Working Together			
B1: Community projects to host alcohol prevention and awareness events	• Staffing and volunteer capacity • Network of age-friendly communities (centre for ageing better) • Partnership working with age-focused organisations (Age UK, Alzheimer's UK, etc) • Resources on DWAW website on having the conversation	• Identify lead for age friendly community and local priorities • National Academy of social prescribing - alcohol awareness messaging • Embedding alcohol training into social care training plans/ induction • Identifying specific forums- eg falls and injuries group- get alcohol on agenda and do presentations • Need to intervene at local level- mapping, reaching out • Develop pathways between alcohol services and local community organisations • Distribution of DWAW resources/ posters in community settings / • Link into wider mental health and wellbeing agenda and linking to outcome • Business cards and leaflets on helpline to be made available • Identify where alcohol should be identified in consultation docs on ageing well	• Centre for Aging Better will make link to national falls prevention groups and age- friendly networks • DWAW to create resource pack for community organisations • Promotional material for helpline out to community organisations • Identify training networks that could use resources

Workshop 3: Plan

	ASSETS	STRATEGIES	ACTIONS
Providing Treatment			
C2: Human-centred services - accessible, person-centred, not time-bound	• Linking to and understanding trauma-informed work • The learning of DWAW • Body of work on psychological drivers for the issue • Understanding and knowledge of experience from other sectors • We Are With You's work o digital inclusion • Charity sector support services • Service design resource • Shifts to digital service delivery • Linking to other online activities - eg mindfulness, interest groups • Increasing recognition of whole system approach	• Coordination between existing services across sectors • New collaborative spaces • Sharing knowledge and learning • Improving involvement from family, carers, users, lived experience experts • Mainstreaming digital services • Engaging with and collaborating with commissioners from the outset so that they can hit the ground running and align to what is is viable or what the needs are • Build on needs assessments - create shared understanding of needs of user and those around them • Understanding and improving the impact of physical environment (inspiration not condemnation) • Changes in attitudes/ mindset by service providers • Working with what is - not everything costs money - think about how to use assets more effectively, especially by connecting with others!	• Involving people with lived experience in service design - want it to be more integral throughout design and delivery. Want a group of people that support that on an ongoing basis -that group could then be present for support throughout the lifetime of the service • (Advocacy group can support!)

Workshop 3: Plan

Summary of Proposed Strategies

There were a broad range of strategies proposed – both high level and more specific. Within these the following ideas have been identified as being particularly **suitable for further development** and exploration:

- Development of online training resources for brief interventions
- Development of toolkits, perhaps through the national Public Health agencies, which have produced toolkits for other public health issue
- Increased networking and training with aging organisations and age-friendly networks
- Creation of resource packs for community organisations
- Embedding alcohol training into social care training
- Use of mapping to identify specific local forums, networks and groups to partner with and channel support/ training through
- Working with the National Academy of social prescribing to improve alcohol awareness messaging

Workshop 3: Plan

Summary of Key Themes

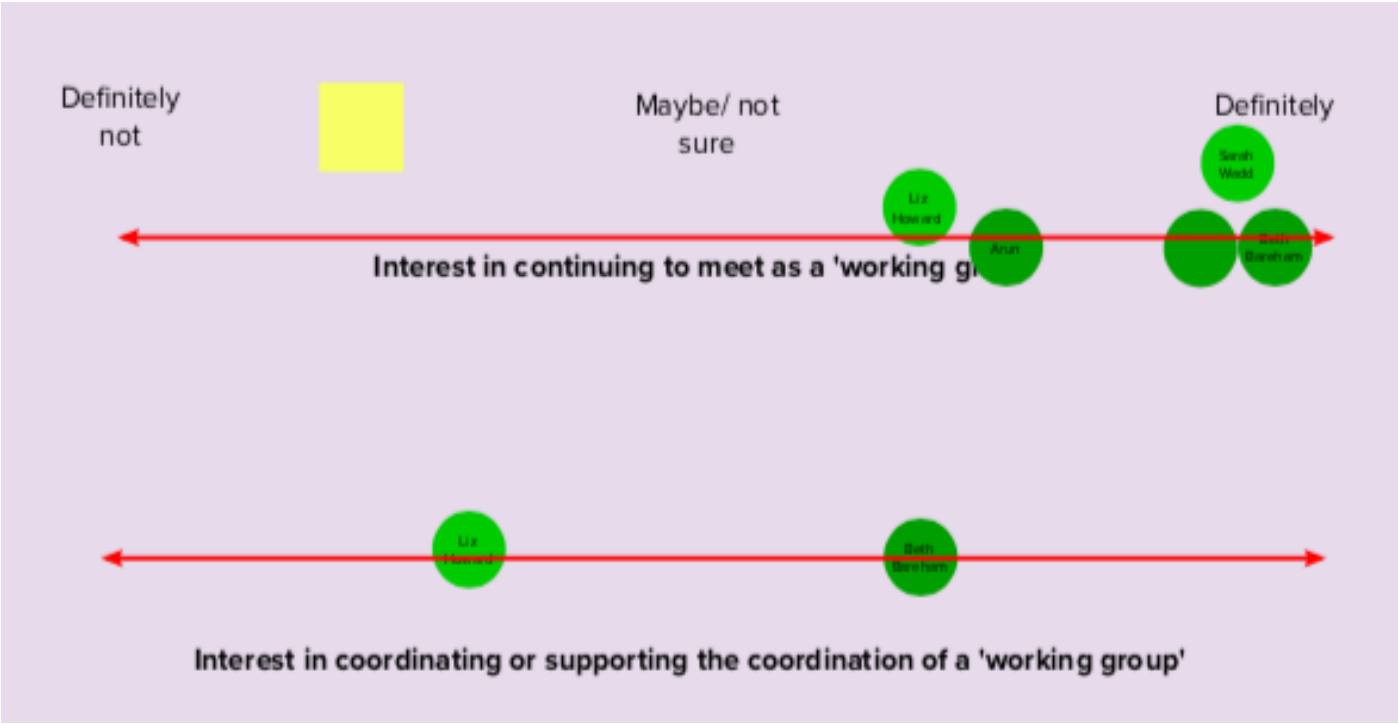
- Across the three areas, certain transversal themes emerged frequently throughout the workshops that are worth emphasizing:
  - **There is an urgent and widespread need for collaboration/cross-system working** – participants frequently expressed the need for more and better partnerships, learning spaces, collaborations between charity sector, health providers, commissioners
  - It is vital that there is better linking to and **integrating with mental health services** – recognizing that the two issues are inextricably linked yet dealt with by completely different systems in terms of service delivery
  - **Lived experience must be central** to the way services should be designed and delivered**.** This was highlighted across the groups as being fundamental to more human, more 'person-centred' service delivery
  - **More training** on dealing with alcohol harm in the over 50s for all relevant service providers - from GPs to domiciliary care providers
  - Build on and incorporate existing assets such as the **resources created by DWAW**
  - **Improving referral pathways** and strengthening social prescribing systems is vital to people getting access to the kinds of services that they really need
  - Build on recent **digitization of services** to normalize virtual home visits, which can help to reduce isolation and expand service delivery in rural areas and to remove potential barriers from people being resistant to having visitors in their home
  - Build on and work the **extensive academic / learning resources** that are available on the issue
  - Stronger engagement with health commissioners, so that age-appropriate prevention and treatment can be built into commissioning plans

Workshop 3: Plan

Further development

- **Developing the plans:** Perhaps inevitably, given the parameters within which the process took part, many of the ideas for strategies and actions that surfaced were relatively high level. If these ideas and proposals are to be developed further this would require a more detailed planning exercise, which will need to consider resource, accountability, coordination, structure.

- **Continued coordination: I**f this level of action planning is pursued it would require a working group to be formed to initiate and coordinate these actions. The idea of a continued working group, made up of the workshop participants but then potentially expanded, was surfaced in the final session and the group expressed interest in continuing to be part of such a group – which was captured in the final interactive exercise shown in the screenshot on the right



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