



Drink Wise Age Well

Northern Ireland legacy workshop

11 February 2021

Introduction

In February 2021, representatives from the fields of alcohol, health, aging and policy in Northern Ireland came together 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 DWAU to design and facilitate this process.

The DWAU 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, including the Western Trust in Northern Ireland, 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 full findings from the programme evaluation can be found in the evaluation summary report (Fig 1).



THE DRINK WISE, AGE WELL PROGRAMME

Our impact, learning and recommendations

2015 - 2020



<https://www.drinkwiseagewell.org.uk/media/publications/pdfs/evaluation-summary-report.pdf>

Workshop objectives and approach

Overall purpose of workshop

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

- Raise awareness and generate understanding of DAWW'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 DAWW's learnings and legacy that could be taken by stakeholders

Workshop participants

- 21 participants attended from across the voluntary, public and academic sectors with a range of specialisms and experience - from various backgrounds and professional capacities – MLAs, Directors and Health Improvement Policy Branch leads etc, each with a critical to play in addressing this issue.

Workshop approach

- The workshop combined a presentation of the findings of the DAWW evaluation with testimony from individuals with lived experience of the issue and a small group exercise exploring the recommendations from the DAWW charter.
- The workshop was held virtually. The presentation was held in plenary with small group breakout rooms and an online tool called [Padlet](#)

Workshop discussion and outcomes

Working with the Charter

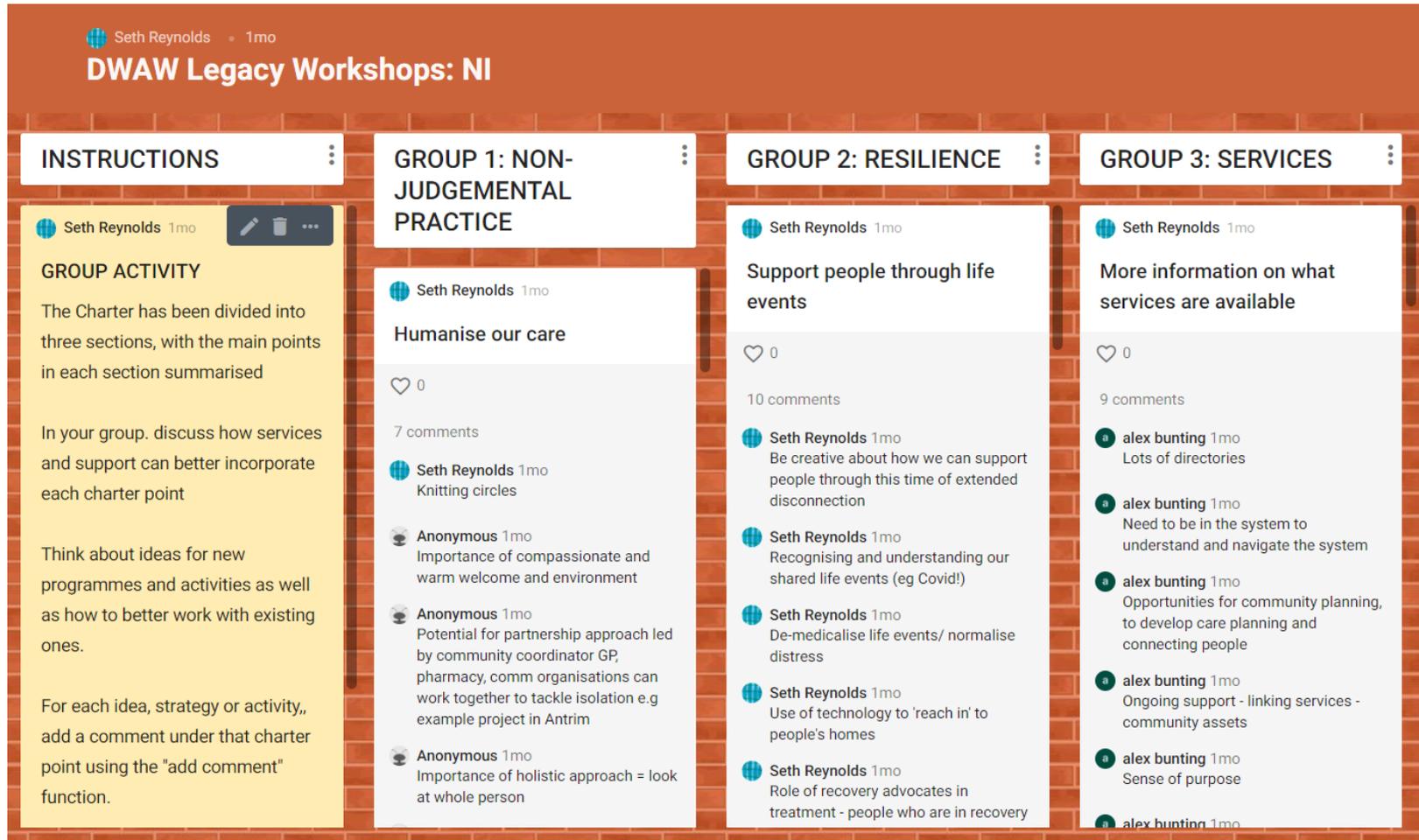
- DAW co-created the "Calling Time Charter" (fig 2.) with cross-sector stakeholders from across Northern Ireland. The Charter is a call to action for alcohol harm reduction in the over 50s and contains a set of recommendations grouped into categories
- The participants were split into three breakout groups to discuss four core recommendations within one of these three categories: Non-Judgmental Practice; Resilience; Services
- They considered the status of implementation for each recommendation within this area, and then how that could be strengthened
- The following slides detail the outcomes of the discussions and the suggestions from participants for strengthening the implementation of Charter recommendations



(Fig2) Calling Time: Northern Ireland
<https://www.drinkwiseagewell.org.uk/media/publications/pdfs/calling-time-for-change-northernireland.pdf>

Workshop discussion and outcomes

Screenshot of the online tool used for the small group work



The screenshot displays a digital workspace for a workshop titled "DWA Legacy Workshops: NI". It is organized into four main vertical panels:

- INSTRUCTIONS:** A yellow panel containing text about the workshop structure and instructions for group activities. It includes a "GROUP ACTIVITY" section with three paragraphs: "The Charter has been divided into three sections...", "In your group, discuss how services and support can better incorporate each charter point", and "Think about ideas for new programmes and activities as well as how to better work with existing ones." It concludes with: "For each idea, strategy or activity,, add a comment under that charter point using the 'add comment' function."
- GROUP 1: NON-JUDGEMENTAL PRACTICE:** A white panel with a title "Humanise our care" and 7 comments. Comments include: "Knitting circles" by Seth Reynolds; "Importance of compassionate and warm welcome and environment" by Anonymous; "Potential for partnership approach led by community coordinator GP, pharmacy, comm organisations can work together to tackle isolation e.g example project in Antrim" by Anonymous; and "Importance of holistic approach = look at whole person" by Anonymous.
- GROUP 2: RESILIENCE:** A white panel with a title "Support people through life events" and 10 comments. Comments include: "Be creative about how we can support people through this time of extended disconnection" by Seth Reynolds; "Recognising and understanding our shared life events (eg Covid!)" by Seth Reynolds; "De-medicalise life events/ normalise distress" by Seth Reynolds; "Use of technology to 'reach in' to people's homes" by Seth Reynolds; and "Role of recovery advocates in treatment - people who are in recovery" by Seth Reynolds.
- GROUP 3: SERVICES:** A white panel with a title "More information on what services are available" and 9 comments. Comments include: "Lots of directories" by alex bunting; "Need to be in the system to understand and navigate the system" by alex bunting; "Opportunities for community planning, to develop care planning and connecting people" by alex bunting; "Ongoing support - linking services - community assets" by alex bunting; "Sense of purpose" by alex bunting; and another comment by alex bunting.

Group 1: Non-Judgemental Practice

Charter call: Humanise our care

- Participants recognized the **importance of a compassionate, warm environment** as well as taking a holistic, whole person approach.
- It was noted that **alcohol issues don't just affect an individual but the family** and loved ones as well.
- Participants saw **potential for a partnership approach, led by a community coordinator**, that brings together the GP, pharmacy and community organisations to provide a whole person approach and to tackle the isolation issues that often accompany drinking at unsafe levels – a pilot in Antrim was cited as an example of good practice in this area.
- Participants identified **potential for roll-out of collaborative projects** – for example, how the Fire and Rescue across Belfast has been trained to identify any behaviour change alongside fire risk-checks in homes, emphasising the importance of the link between alcohol and fire risk.
- It is important to **ensure that appropriate value-based training is provided** and that challenges stereotypes and stigma.

Charter call: Ask us what we need

- The value of co-production and **inclusion of the voice of those with lived experience** was universally acknowledged as critical to ensuring non-judgmental practice.

Group 1: Non-Judgemental Practice

Charter call: Recognise that words matter

- Participants recognized the **importance of how language is used** in literature and by services to avoid stereotyping people.
- It is important that we are all open to **continued learning and self-awareness**.
- **Engagement of those with lived experience was recognised as central to understanding**, stigma, structural stigma and self-stigma as well as humanizing training by including the voice of lived experience.

Charter call: It's 'never too late' to enter recovery

- Participants discussed **the value of an open-door policy** in being as accessible as possible, allowing for self-referral and making services welcome. Breaking down barriers between service providers was seen as important, including signposting and creating accessible pathways.
- Participants **recognised the need to consider different characteristics and populations** and how we can ensure that services are inclusive, accessible, and meet needs. We also need to challenge any services or treatment provision that has age cuts offs and address the exclusion of age discrimination from the Equality Act.

Group 2: Resilience

Charter call: Support people through life events

- Participants recognised the importance of supporting people through post-Covid and **recognizing and understanding our shared life events**. During times of disconnection through social distancing and lockdowns participants emphasized the importance of creativity and use of technology to ‘reach in’ to people’s homes.
- Participants emphasized the **importance of de-medicalising life events, normalizing stress and providing safe spaces for connection**. The work of Faces & Voices in America was referenced, as well as similar social café projects closer to home in Donegal.
- Participants welcomed the **role of recovery advocates in treatment** and were keen to see more of those who are in recovery themselves providing such support. Ideally this would be in treatment centres alongside partners and particularly available in the evenings and weekends.
- Participants identified the need for **greater support for family members of people in addiction**, who may be at risk of developing addiction themselves in the future; and greater understanding more widely of trauma informed approaches.
- Participants noted the importance of further developing a **resilient support system** able to withstand the challenges of the pandemic and more.

Group 2: Resilience

Charter call: Purpose in recovery

- Participants identified three aspects to ‘purpose’ – the **individual’s purpose in recovery, the family and wider circle, and the community.**
- The importance of understanding everyone’s unique motivation for recovery was emphasized, as was the **role of services in helping people to identify and articulate a recovery vision/ purpose.**
- Participants also noted that small steps may be appropriate, which could also be a **‘present day’ purpose.**

Charter call: Community-based services that help build resilience

- Overall, participants felt that the **service provision system is hard to navigate** and fractured geographically.
- Participants recognised that a **geographical mapping of services** would be helpful - especially now the usual access points are closed; ideally this might be a public help portal that all can easily access.
- Wider issues around the **need for national frameworks/standards to offset local variations** and the impact of stigma, particularly preventing access within a person’s immediate local area, were also noted.

Group 3: Services

Charter call: More information on what services are available

- Reflecting discussions relating to other charter areas, the participants recognised that **the system can be hard to navigate** and discussed the need for more easily accessible information on what services are available. Whilst there may be lots of directories it is challenging for somebody who doesn't understand the system to be able to navigate it.
- Looking forward, there is **an appetite for greater linking of services with community assets** and creation of opportunities to develop care planning and connect people.
- Participants emphasised the **importance of reviewing services post-Covid** to provide appropriate levels of care and interconnected services.

Group 3: Services

Charter call: Services where and when they are needed

- There was agreement that **services cannot just be nine-to-five-** people should be able to access the correct services when they need them
- Ensuring that people know what services are available was seen as a key first step for improvement.
- Other areas included **a helpline, adopting domiciliary approaches**, ensuring that crisis response services do not exclude individuals with alcohol issues and identifying ways to prevent people from having to attend A&E.
- Discussion also reflected the need for a **stronger prevention strategy**

Charter call: Support collaboration and partnership between services

- Participants felt that **collaboration is strong across Northern Ireland** with good working relationships.
- There are areas for potential improvement including **shared workforce development plans**, joint training to support building of relationships and greater use of shared care plans.
- Potential **levers to support change may include co-location** and improved management of staff transitions.

Group 3: Services

Charter call: Valuing the role of community & voluntary sector services

- Overall participants felt that **the value of community and voluntary sector services was not being maximised**.
- **Year to year commissioning is seen as a barrier to future planning** and development. And value for money was questioned, with general agreement that **services are not always commissioned based on outcomes and effectiveness** as they should be. Participants felt that the combination of factors does not allow for innovation.

Charter call: Support for families

- Participants discussed the **lack of engagement in existing family services** and reflected on potential solutions. Suggestions included: the need to upskill community-based programmes with family support models; **campaigns to let people know services are available;** and access to a range of support outside of working hours.

Commitments and reflections

Notes of workshop discussion detailing commitments for action made by participants and closing reflections for potential further exploration together.

Commitments

“Provide a free therapeutic assessment within 24/48 hours for people and/or families impacted by addiction including complexities - using self assessment tools, modern technologies along with a suggested roadmap into recovery where applicable.”

Paddy Creedon

“Pilot the introduction of Recovery Advocates into Community settings.”

Paddy Creedon

“Continue to educate and promote recovery as an attractive way of life for all (client, family and the wider community) using role models across all the media platforms.”

Paddy Creedon

“Using every contact counts as suggested.”

Paddy Creedon

“Inspire will use the evidence to help shape our workforce development and look to secure resources to provide older adults with staff and approaches that have be deemed more effective.”

Alex Bunting

“Share learning of our Mutual Aid approach and develop a wider mutual aid network. Offer training and guidance around MAP.”

Alex Bunting

“Continue to grow and develop lived experience opportunities as these are key in sharing what works. Service user engagement and helping to continue to breakdown those barriers to engaging in services.”

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“Sharing best practice in terms of involving people with lived experience in training and co-design of services would always be welcome.”

Michelle Howorth

“The things I am taking away from today are the value in bring people with lived experience into the service and also the focus on giving people new reasons for living, new sense of purpose.”

Louise

“More input into training of healthcare professionals around addiction issues would be helpful - get the messaging right from an early stage in their education. Also integrated working is essential to address these issues effectively as addiction issues are complex and may require a number of services and support.”

Adrienne Clugston

“We can let everyone know their options and signpost to appropriate services - brief interventions and making every contact count.”

Gemma

Reflections

“We would welcome progress on making discrimination on the ground of age unlawful. This would have a major impact upon services...Also progress towards evening out wage differential between categories of those we employ like social workers and counsellors? For discussion??”

David and Anthea

“We are developing a self-assessment/audit tool for alcohol services to assess if they are age inclusive which we hope to share in the next few months - if anyone would like to review the draft please contact me julie.breslin@wearewithyou.org.uk”

Julie Breslin

“I would like see the learning and evaluation used to help shape how we support older adults. How can we use the research to help influence systemic change in how we approach older adult impacted by alcohol”

Alex Bunting

“[We} need to build in learning from DWAW into policy, legislation and delivery”

Gary Maxwell

“NIFRS relies on our partners to identify people at risk. Plea to all present to think fire risks when engaging with people who may be at risk from fire and to refer them to us for a free Home Fire Safety Check.”

Gerrard Lennon

