

Accessibility and suitability of residential alcohol treatment for older adults

November 2017

Key findings

- Three out of four residential alcohol treatment facilities (rehab) in England are excluding older adults on the basis of arbitrary age limits.
- The majority of rehabs have limited or no disabled access, further limiting access to older adults with disabilities or limited mobility.
- Some older adults found living alongside younger residents in rehab challenging because of the “generation gap” but others felt that younger residents enriched their experience of rehab.
- Some older adults feel unsafe in rehab and are bullied, intimidated and subjected to ageist language and attitudes.
- Rehabs can be ‘age blind’, that is, they treat all residents in a similar way with the result that the needs of older adults are not fully met.

Researchers

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Background

The National Treatment Agency (2012) stated that “residential rehabilitation is a vital and potent component of the drug and alcohol treatment system ... anyone who needs it should have easy access to rehab”. There is a strong and consistent evidence base which demonstrates the benefits of rehab (Sheffield Hallam University, 2017). Rehabs can have residents from up to five generations. Most other types of residential services such as care homes and inpatient mental health services are segregated by age.

The research questions for this project were:

1. To what extent do rehabs have upper age thresholds?
2. Are the needs of older adults different from those of younger adults in rehab?
3. What are older adults' experiences of rehab?

To answer Question 1, we carried out a search of Public Health England's online directory of rehabs. To answer Questions 2 and 3, we conducted semi-structured interviews with 16 residents aged between 52-73 years from five residential rehabs.

Findings

Of the 118 services listed on Public Health England's online directory of rehabs, excluding those specifically for young people (under the age of 18), three quarters (75%) stated that they had an upper age limit of anywhere between 50-90 years. By the time someone has reached the age of 66, more than half of the rehabs (55%) exclude them. 75% said they had limited or no disabled access.

Perceived differences in values, attitudes and behaviour between younger and older residents - "the generation gap" - had an impact on older residents' experience of rehab. Participants compared the experience to "walking into a nursery school", "living in a student house" and "being back at school".

Diversions activities organised by the rehabs were often based on physical activity such as mountain biking, caving, kayaking, football and hiking. Some older adults found it difficult to take part in physical activities with younger residents and this could create a sense of isolation.

Younger residents sometimes called older residents names such as "old fella" and "grandad". Participants described instances where younger residents and staff expressed ageist attitudes. However, older residents themselves had stereotypical ideas about older adults and used ageist terms to refer to younger residents.

Some older adults had experienced intimidation and threats of violence from younger residents but it was not clear whether they were targeted because of their age.

Older adults' needs which were identified in this study include social activities that people of all ages can enjoy, a variety of social spaces, permission to spend time alone in rooms or private spaces, a more relaxed approach to house rules and domestic duties and single bedrooms with en suite bathroom facilities.

Some older adults felt that they would have liked to have had the opportunity to attend a rehab specifically for older adults. However, others embraced the richness of the intergenerational environment and felt that living with younger residents enriched their experience of rehab. Some felt that a shared experience of addiction binds residents together, regardless of age.

There was a sense amongst some participants that rehabs could do more to meet the needs of all ages.

Implications

- Residential rehabs should remove arbitrary age limits and do more to make premises accessible to those with disabilities or limited mobility.
- Public Health England should ensure that rehabs are not able to enter arbitrary age limits on their online directory of rehabs.
- Intergenerational awareness, skills and strategies should be components of competency for rehab staff.
- Rehabs should encourage residents to invest time discovering what they share with residents from other generations e.g. needs, goals, interests, points of view.
- On admission, rehab staff should assess the individual's compatibility with existing residents and any risks due to challenging behaviour. Where risks are identified, they should put plans in place to support the individual to prevent and reduce risk.

- Rehabs should ensure that they are responsive to the needs of older adults and promote policies and practices that increase cooperation, interaction, and exchange between residents of different generations enabling all ages to share their talents and resources and support each other.
- The Care Quality Commission should ensure that residential rehabs which are registered with them are responsive to the needs of all ages and not able to register as caring only for 18-65 year olds.

Conclusion

A person's access to rehab should be based on their individual condition, circumstances and ability to benefit, not assumptions based on their age. Intergenerational rehabs can work well for some older adults provided they are responsive to age-related needs. However, some older-adults may benefit from being grouped with residents of a similar age.

Further Information

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References

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Sheffield Hallam University (2017) *Residential Treatment Services: Evidence Review*. Sheffield, Sheffield Hallam University and Phoenix Futures.

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